

Name
in
Full

No Name Abbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		<u>Lee</u> ^{State}	
Date of death <u>1907</u> ^{Year}		<u>July</u> ^{Month}	<u>20</u> ^{Day}	<u>4</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cambridge</u>			
Occupation <u>Baby</u>	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Alonza Abbotts</u>		Father's Birthplace <u>Cambridge</u>			
Mother's Maiden Name <u>May Goslin</u>		Mother's Birthplace <u>Cambridge</u>			
Name of person giving information <u>Alonza Abbott</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum (Have not seen child for 2 months)</u>	How long
Immediate <u>Exhaustion</u>	How long <u>don't know exactly.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide?	



Name
in
Full

Annie Allen

CERTIFICATE OF DEATH

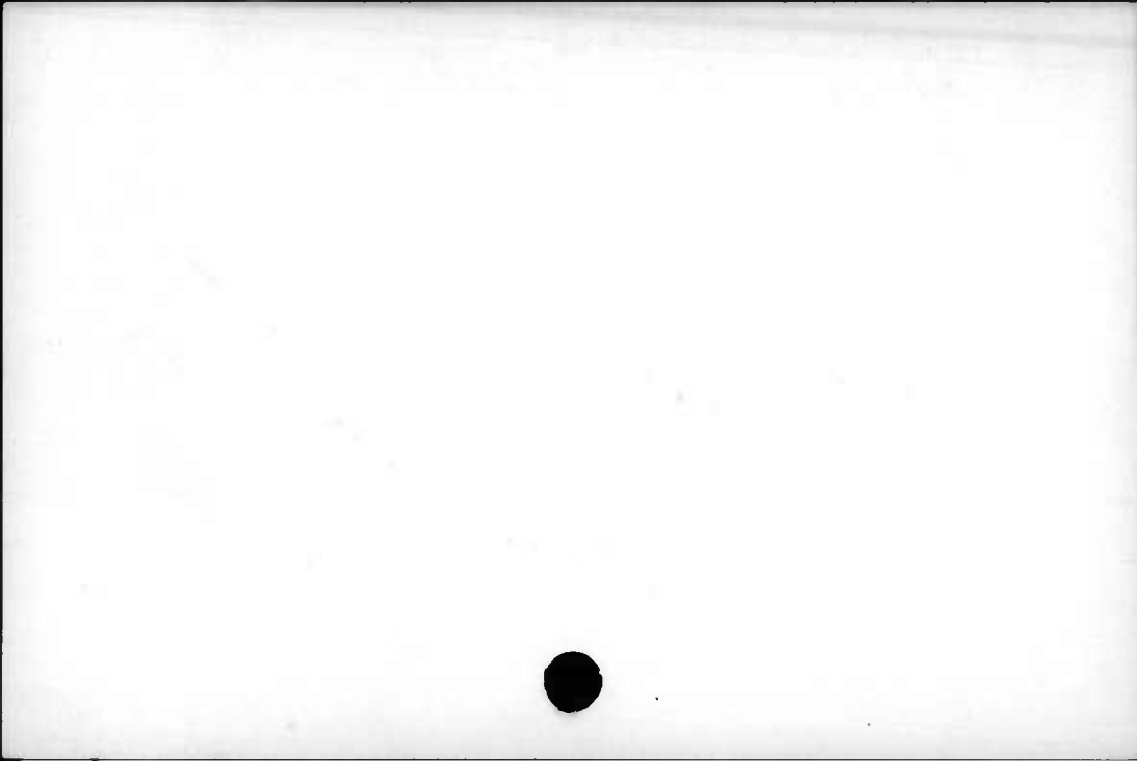
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Finchville</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>17</u>	Age <u>79</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Moses Carr</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u> </u>	How related to deceased <u> </u>				

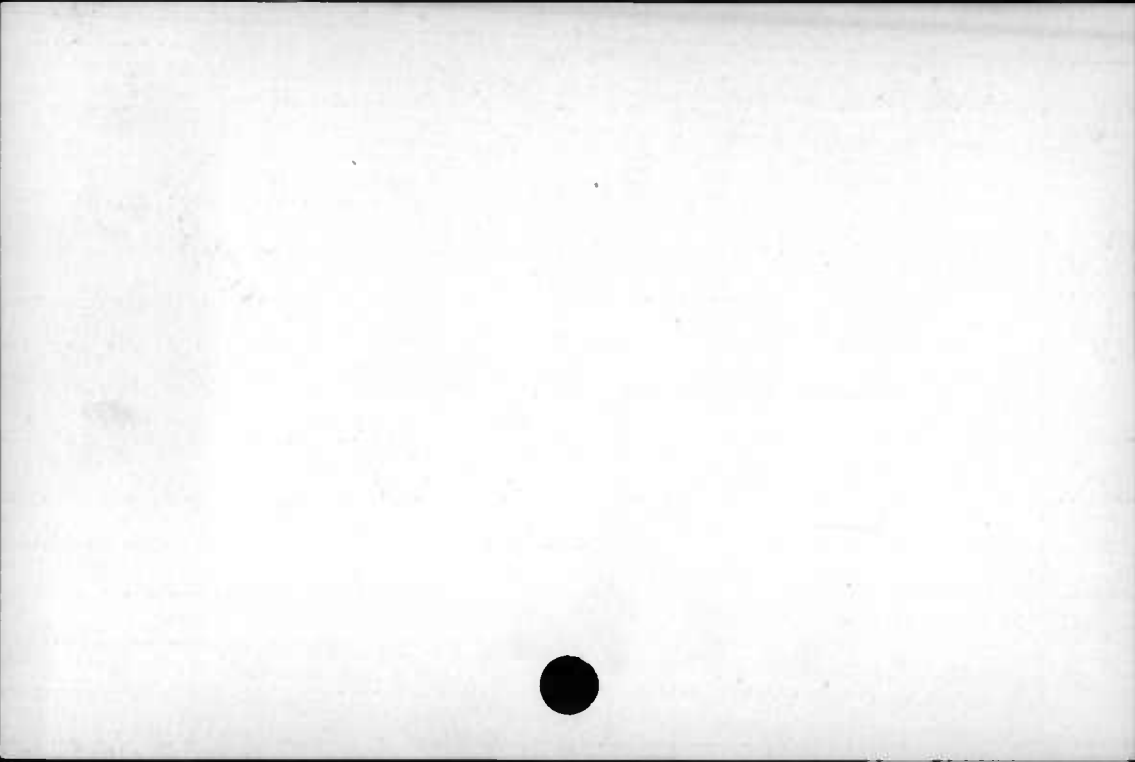
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>hypertension</u>	<u>(14)</u>	How long <u>1 week</u>
Immediate <u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u> </u>	Signature of Physician <u>B. F. Allen</u>	
	Address <u>Finchville Ind</u>	
Accident or Suicide? <u> </u>		



Name in Full		Unnamed Ashins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Baltimore</u> Town			County <u>Baltimore</u>			MARYLAND
	Date of death	1907	Month <u>July</u>	Day <u>29</u>	Age	Years	Months <u>2</u> Days <u>28</u>
	Sex	<u>Female</u>		Color or Race	<u>Black</u>		Birth-place <u>Ind</u>
	Occupation	<u>None</u>			Where Residing if not at place of death		
	Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband			
	Father's Name	<u>John Ashins</u>				Father's Birthplace	<u>Baltimore</u>
	Mother's Maiden Name	<u>Mary E. Jones</u>				Mother's Birthplace	<u>Maryland</u>
Name of person giving information		<u>Dr. Jones</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">105</div> </div>							
PHYSICIAN OR CORONER	Primary			<u>Cholera Infantum</u>			
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?			<u>Yes</u>			
	Signature of Physician			<u>Anthony A. Vincent M.D.</u>			
			Address <u>Baltimore Md. St. Reg</u>				
Accident or Suicide?							



Name
in
Full

Mary Jackson Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Secretary</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1907	Month <i>7th</i>	Day <i>14</i>	Age <i>5-4</i> Years	Months <i>5-</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Dorchester Co.</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Banks</i>				
Father's Name <i>Isaac Jackson</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Mrs Lizzie Abbott</i>	Mother's Birthplace <i>Dorchester Co</i>				
Name of person giving Information <i>George Banks</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Aortic Regurgitation</i>	How long <i>Seven months</i>
Immediate <i>Embolism of Coronary Arteries</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Betson Jr. M. D.</i>
	Address <i>East New Market Maryland -</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

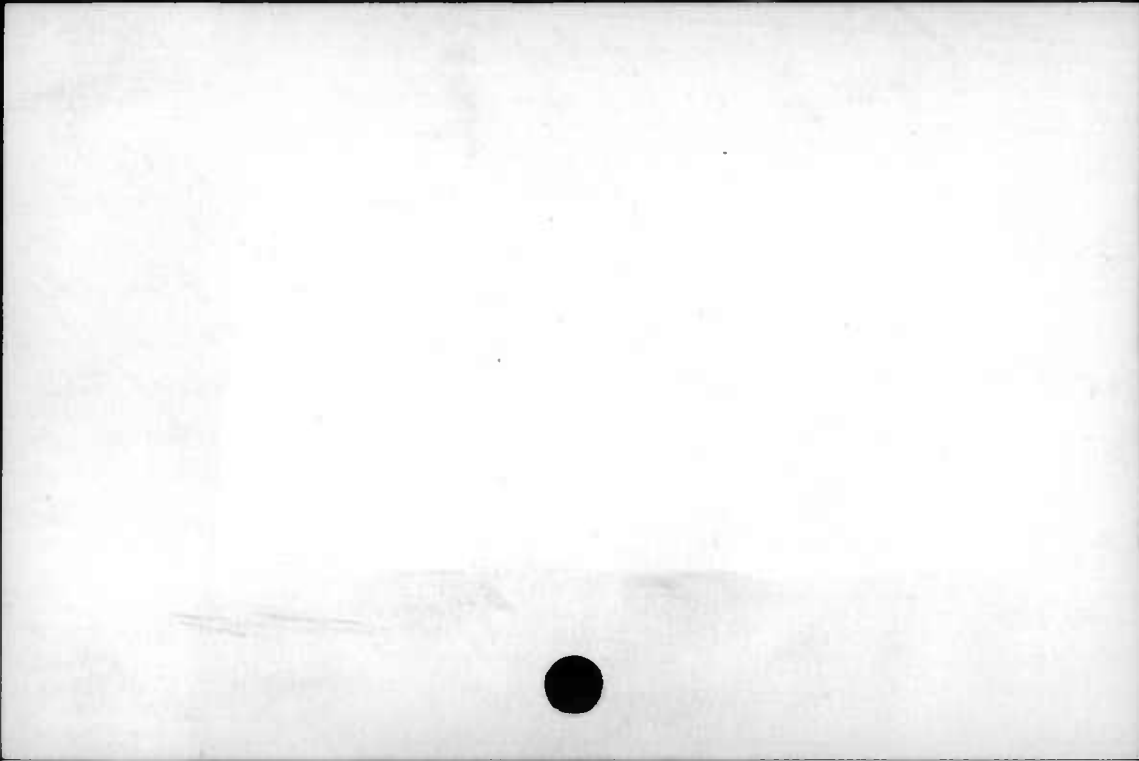
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

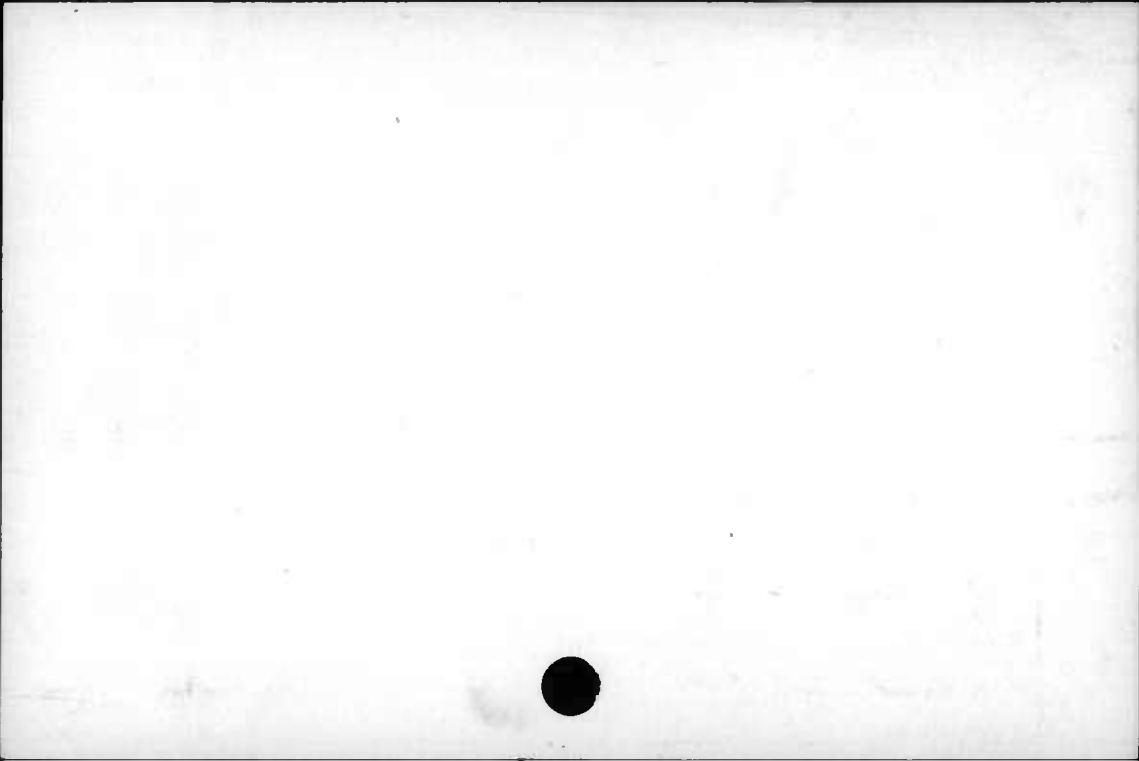
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>July</i> Day	<i>12th</i> Age	<i>71</i> Years	<i>3</i> Months
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Dorchester</i>
Occupation	<i>Labor</i>		Where Residing if not at place of death <i>Dorchester</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Anna Bondy</i>		
Father's Name	<i>John Bondy</i>		Father's Birthplace	<i>Dorchester</i>	
Mother's Maiden Name	<i>Rosa Henry</i>		Mother's Birthplace	<i>Dorchester</i>	
Name of person giving information	<i>John W. G. Bondy</i>		How related to deceased	<i>Son</i>	

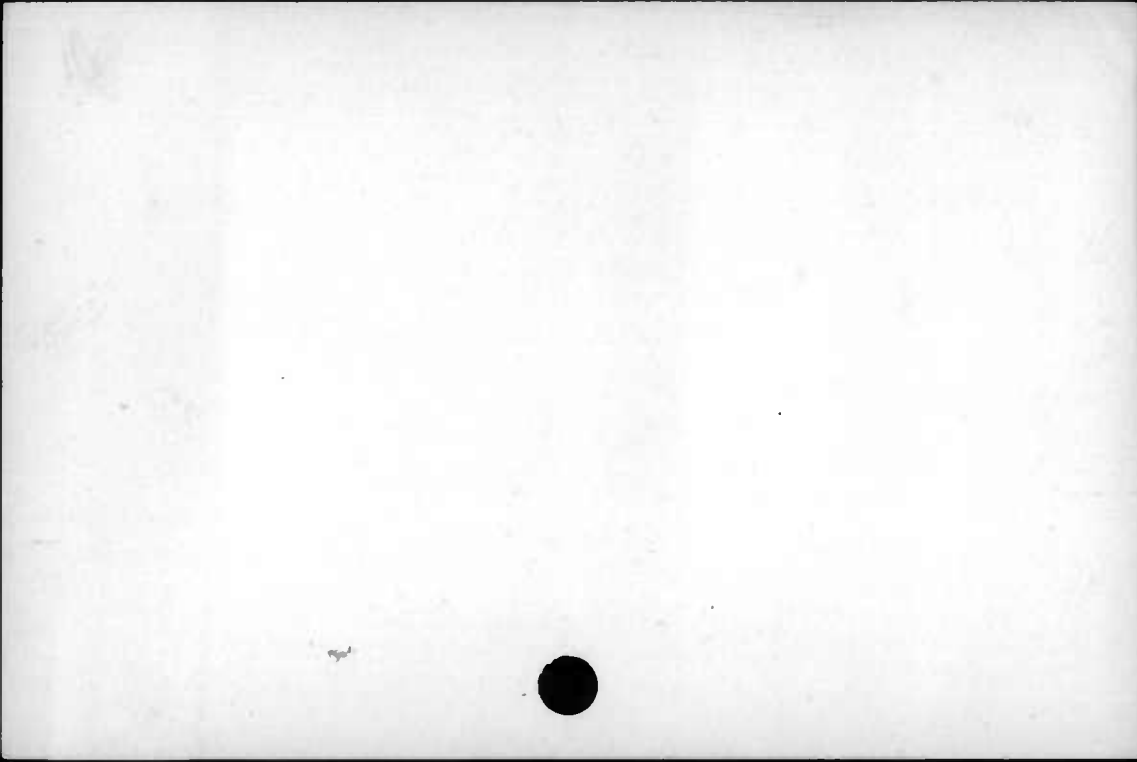
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Debility</i>	<i>(179)</i>	How long	<i>7 months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Anthony M. Tinsant</i>	
			Address <i>Asst. to</i>	
Accident or Suicide?			<i>Director of the Prison</i>	



Name in Full		No Name				Cambridge				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cambridge		County		Dorchester		MARYLAND				
	Date of death		1907	Month July	Day 31	Age Years		Months		Days			
	Sex		female		Color or Race		Caucasian		Birth- place		Cambridge, Md.		
	Occupation				Where Residing if not at place of death		Horns Point near town						
	Married, Single or Widowed		Single		Name of Wife or Husband								
	Father's Name		William Campbell						Father's Birthplace		Cambridge, Md.		
	Mother's Maiden Name		Susan E. Priddy						Mother's Birthplace		" "		
	Name of person giving In formation		James Berry						How related to deceased		none		
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		14						How long				
	Immediate		Dysentery						How long		since birth		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. Bennett Sullivan Jr.						
	No physicians in attendance				Address		Baltimore - Registrar						
	Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chas P Barnian
Died at *Federalburg* Town *Dor* County
Date of death *1907* Month *July* Day *22* Age *65* Years
Sex *male* Color or Race *white* Birth-place *Ny*
Occupation *farmer* Where Residing if not at place of death
Married, Single or Widowed *married* Name of Wife or Husband *Josephine Barnian*
Father's Name *Geo P Barnian* Father's Birthplace *Ny*
Mother's Maiden Name *Karriet Bennett* Mother's Birthplace *Ny*
Name of person giving information *Eugene Barnian* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* *(43)* How long *8 years*
Immediate

Are the name, age, sex, color, date and place correctly given above?

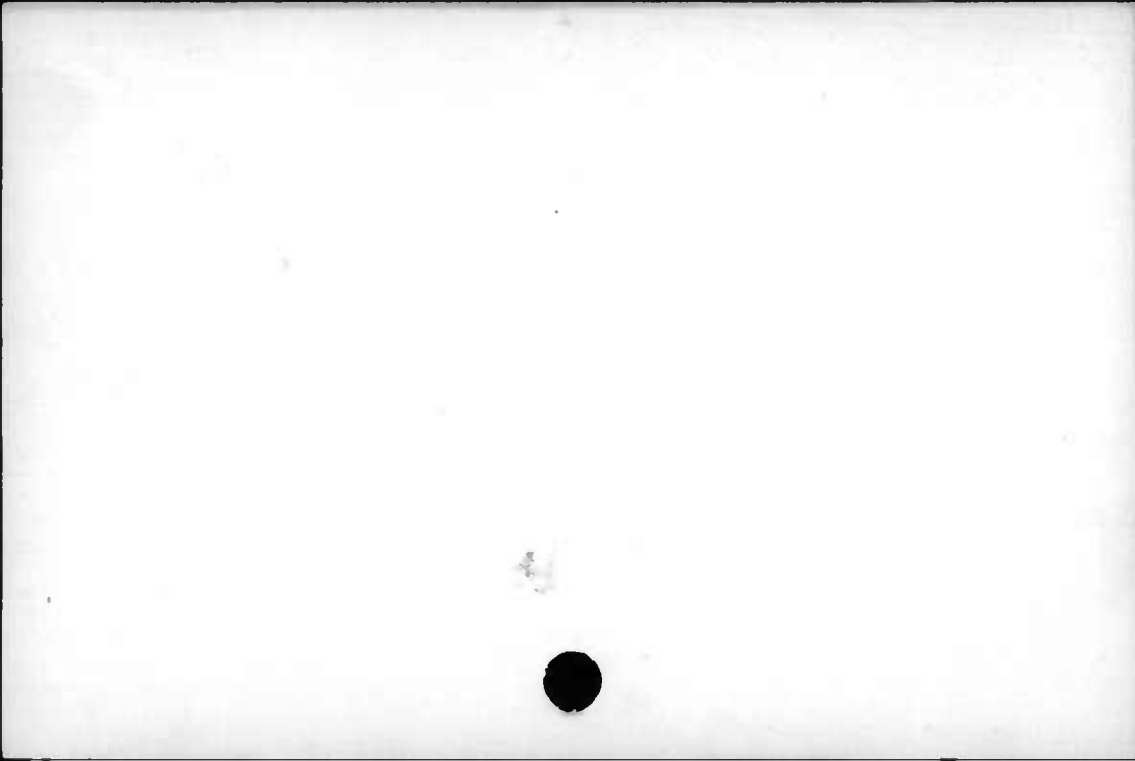
yes

Signature of Physician

Address

R Kemp Jefferson
Federalburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

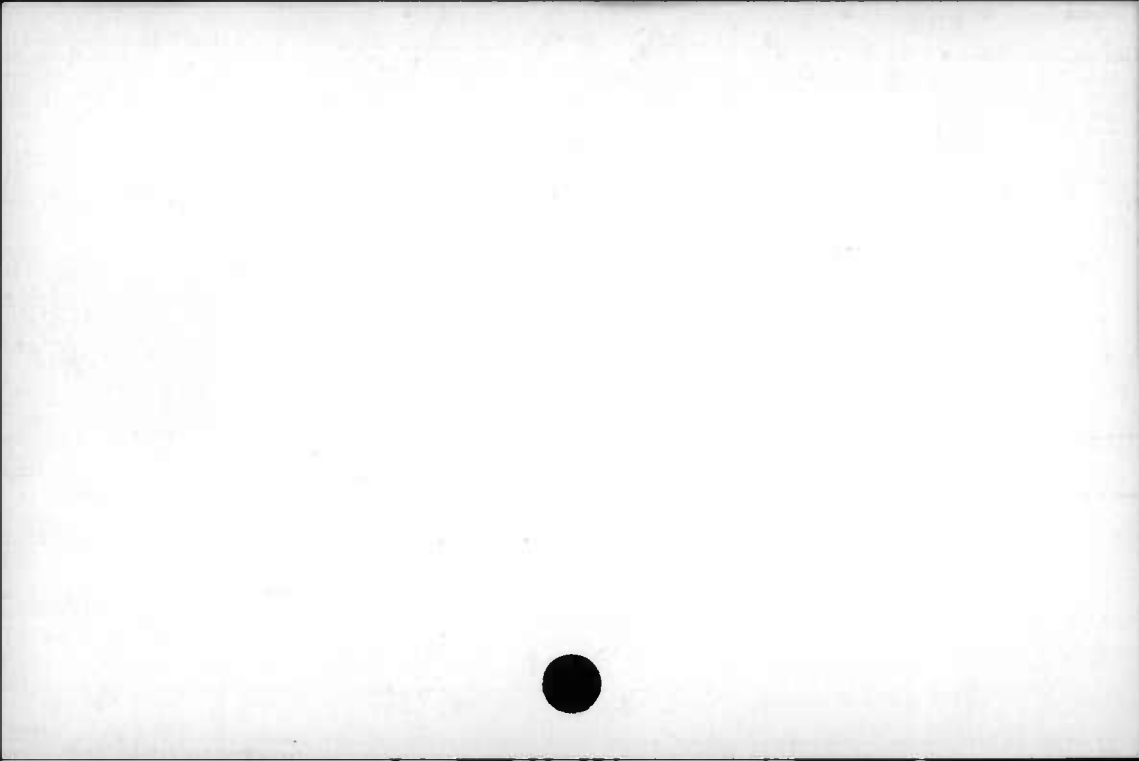
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>15</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Allan Carpenter</i>			Father's Birthplace <i>St. Thomas W.I.</i>				
Mother's Maiden Name <i>Edith Lambdin</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Allan Carpenter</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. H. Shriver Jr.</i>
	Address <i>Taylor's Isl.</i>
Accident or Suicide? <i>—</i>	<i>Md</i>



Name
in
Full

Israel Caphas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Drawbridge*

Town

Dorchester

County

Date of death *1907*

Month

July

Day

20th

Age

Years

70

Months

—

Days

*—*Sex *Male*Color or
Race*Black*Birth-
place*Don't know*

Occupation

*Farmer*Where Residing if not
at place of death*—*Married, Single
~~or Widowed~~*Don't know*Name of Wife or
Husband*Don't know*Father's
Name*Don't know*Father's
Birthplace*Don't know*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Don't know*Name of person giving
information*R. J. Price*How related
to deceased*not at all*

CAUSES OF DEATH

Primary

*Paralysis**66*

How long

Ten days

Immediate

Don't know

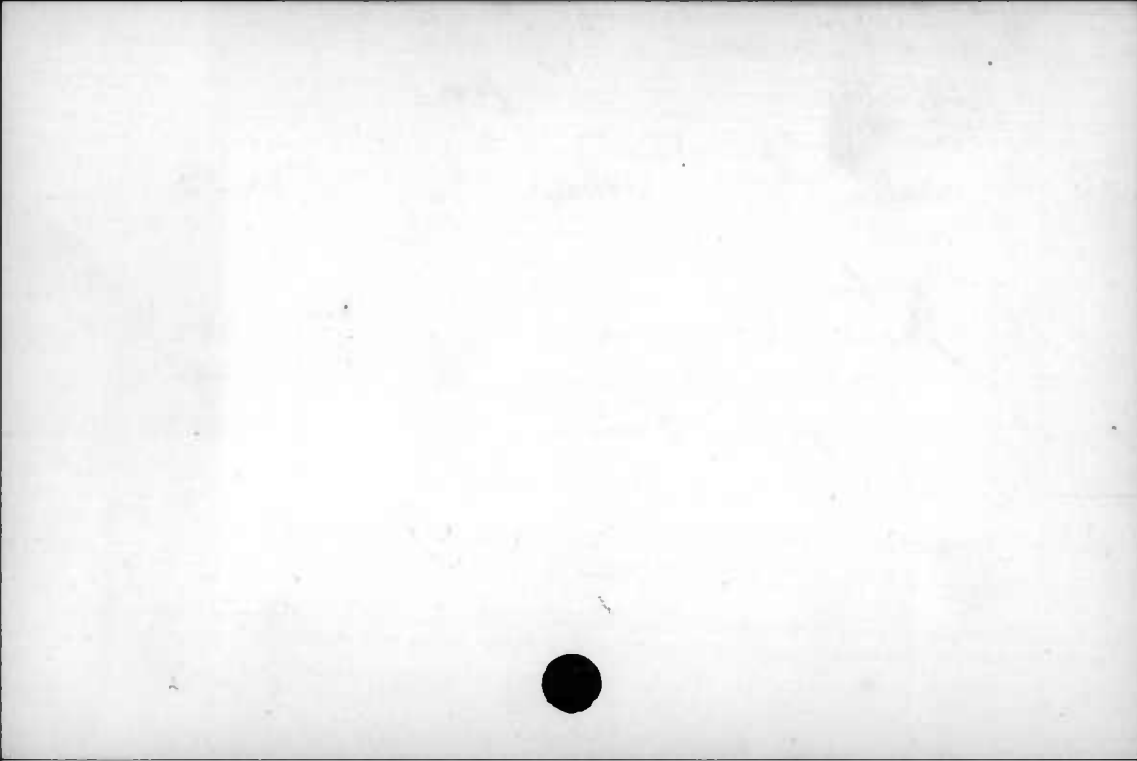
How long

*Don't know*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. J. Price*

Address

Vienna, Md.

Accident or Suicide?



Name
in
Full

Richard Leon

Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Milton* Town

County

Dor

MARYLAND

Date of death *1907* Month *July*

Day

17

Age

Years

2

Months

Days

Sex *male*Color or
Race*colored*Birth-
place*Dor Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Infant*Name of Wife or
HusbandFather's
Name*Josie O Cornish*Father's
Birthplace*Dor Co*Mother's
Maiden Name*Fannie Brown*Mother's
Birthplace*Dor Co*Name of person giving
Information*John Brown*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Bronchocarditis

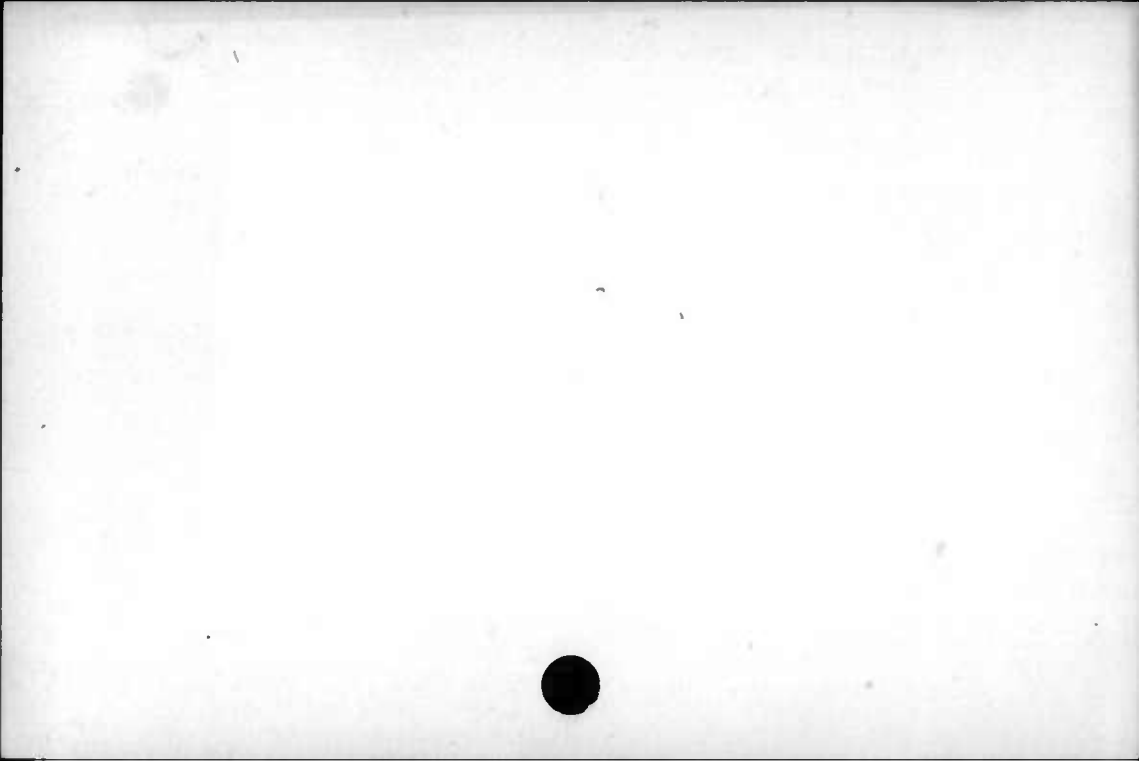
How long

*About 1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Victor R. Harrell
Baltimore, Md -*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Davis* Town *Cambridge* County *Dorchester* State *MD* MARYLAND

Died at *Cambridge*

Date of death *1907* Month *July* Day *24* Age *16* Years *16* Months *1* Days *16*

Sex *Female* Color or Race *Black* Birth-place *Cambridge*

Occupation *School Girl* Where Residing if not at place of death *Cambridge*

~~Mind~~, Single ☐ ~~Name of Wife or~~
~~or Widowed~~ ~~Husband~~

Father's Name *Leven Manock* Father's Birthplace *Cambridge*

Mother's Maiden Name *Livina Cephas* Mother's Birthplace *Cambridge*

Name of person giving information *Masby Cephas* How related to deceased *Uncle*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Bright's Disease* How long *6 or 8 months*

Immediate *Exhaustion* How long *Don't know as I*
have not seen her for months

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E E Wolf*

Address *Cambridge, Md*

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

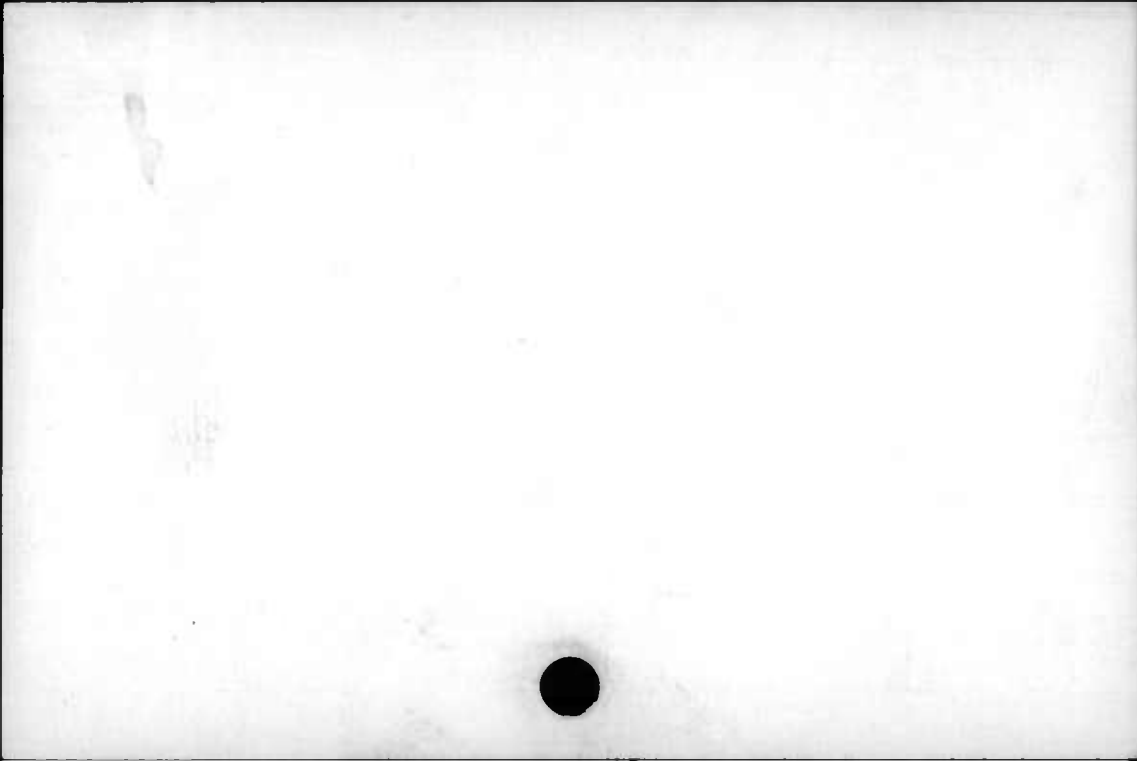
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary J Derry</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death <i>1904 July 5th</i>		Age <i>53</i>		Months Days	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co.</i>			
Occupation <i>Scrub woman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Theodore Derry</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace					
Name of person giving information <i>Stanford Nichols</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>81</i>	How long <i>Dont know</i>
Immediate <i>Heart failure</i>	How long <i>very short</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Waelff</i>	
	Address <i>Cambridge, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

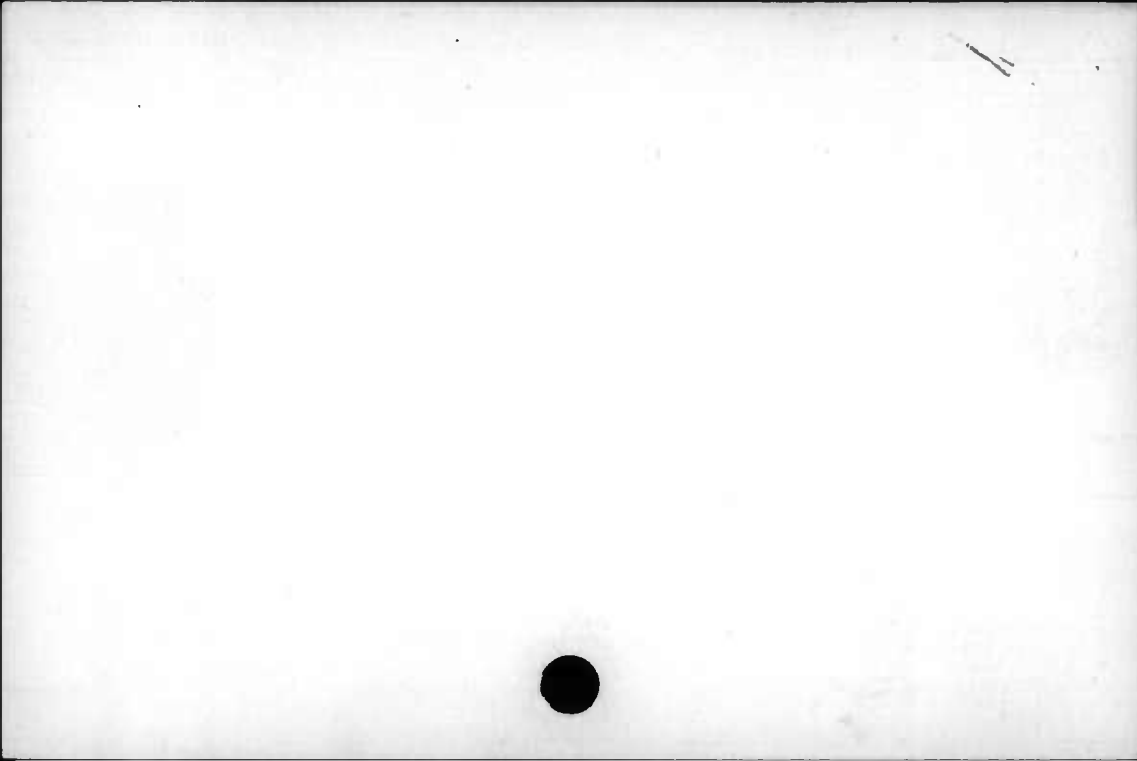
Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1907 July 19th</i> <small>Month Day</small>		Age <i>about 75</i> <small>Years</small>		<i>Months Days</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Howard Farriah</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Annie Kiah</i>	Mother's Birthplace <i>Caroline Co</i>				
Name of person giving information <i>Martina Haest</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Acute Diarrhoea, Eczema, & Feil Debility</i> <small>How long</small>	<i>Several weeks</i>
Immediate <i>Exhaustion</i> <small>How long</small>	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Hexter L. Reynolds M.D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name in Full *Don't Know* *Fisher*

CERTIFICATE OF DEATH

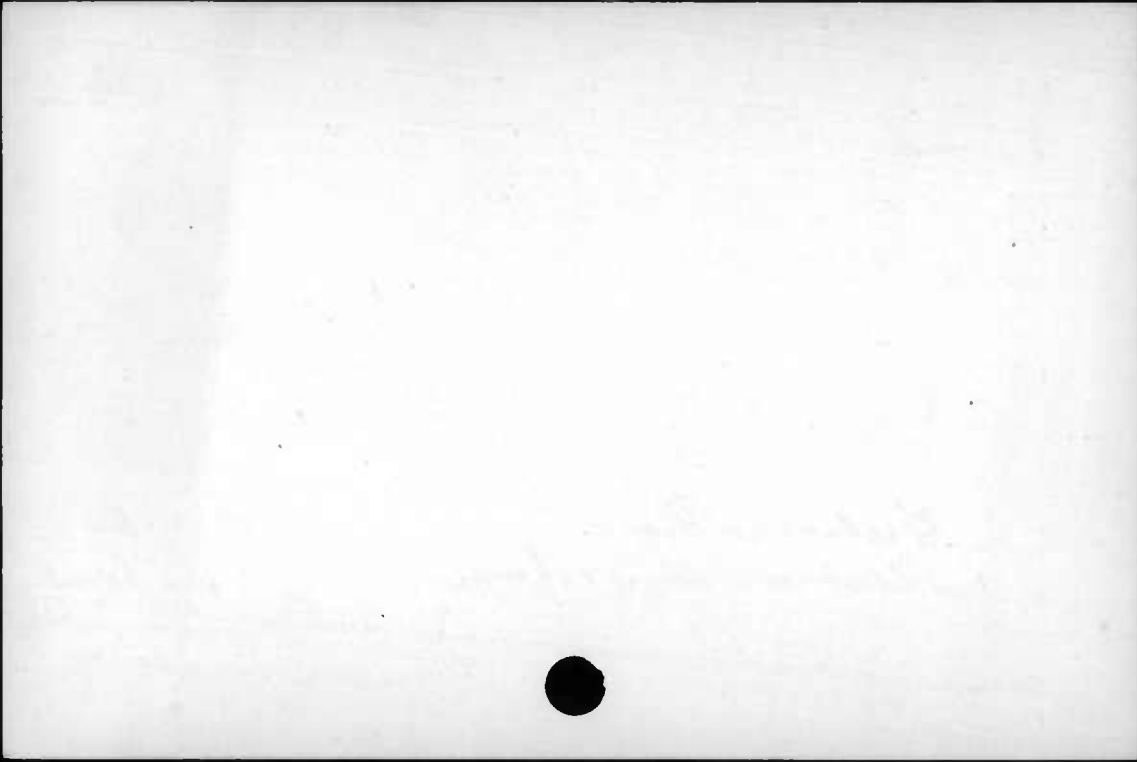
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bokeland</i> Tcwn		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Months <i>Eleven</i>	Days <i>Don't Know</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Bokeland, Md.</i>		
Occupation <i>infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>infant</i>		Name of Wife or Husband <i>infant</i>			
Father's Name <i>John Fisher</i>			Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Horseman</i>			Mother's Birthplace <i>Bokeland</i>		
Name of person giving information <i>R. J. Price</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebritis</i>	How long <i>5 days</i>
Immediate <i>nerve prostration</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Price</i>
	Address <i>Vienna, Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
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CERTIFICATE OF DEATH

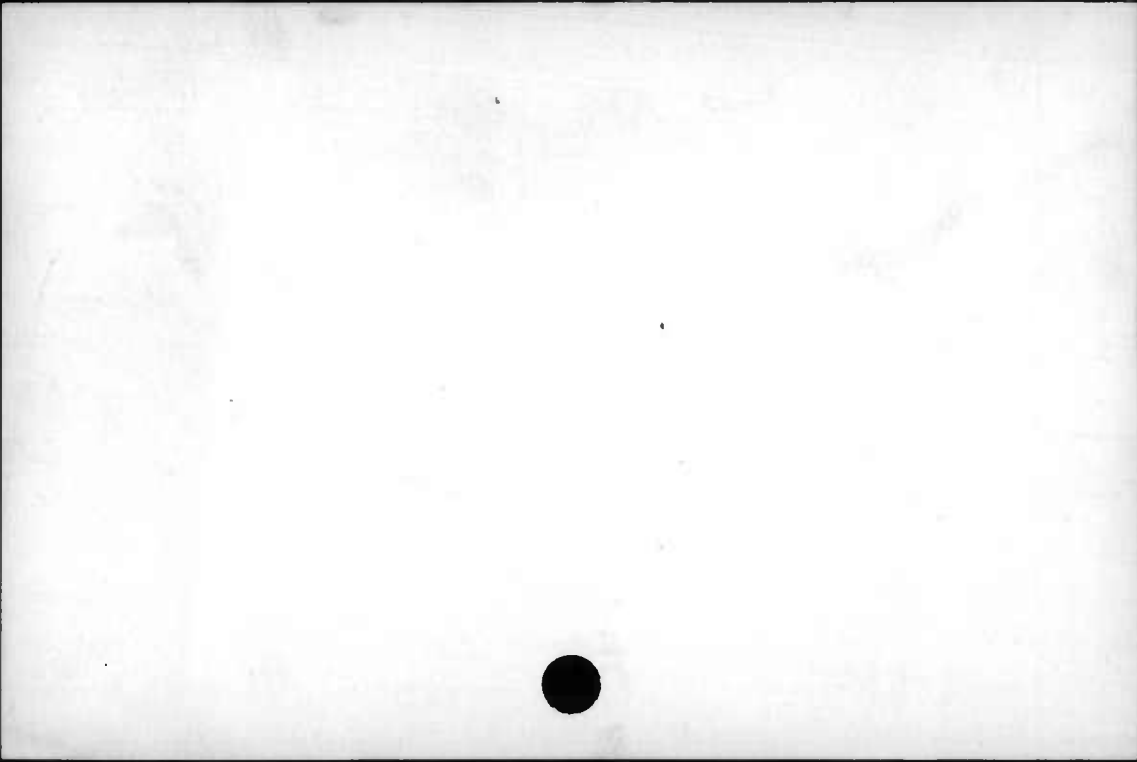
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>7th</i>	Age <i>7</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Dor. Co., Md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Simon Henry</i>	Father's Birthplace <i>Dor. Co., Md</i>				
Mother's Maiden Name <i>Emma C. Richards</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Howard Richardson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Fever</i>	How long <i>3 weeks</i>
Immediate <i>Intestinal Haemorrhage</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Smith</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name
in
Full

Caroline Hensen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hells Point</u> <small>Town</small>		<u>Washburn</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>3</u>	Age <u>20</u>	Months <u>2</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Hells Point Md</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>		Name of Wife ^{Husband} <u>James Hensen</u>			
Father's Name <u>Levius Hamilton</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Margaret Ward</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>James Hensen</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	<u>intestinal tuberculosis</u>	How long	<u>1 yrs</u>
Immediate	<u>diarrhea</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. A. Stokes M.D.</u>	
		Address <u>Cambridge Md</u>	
		<u>R 765</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

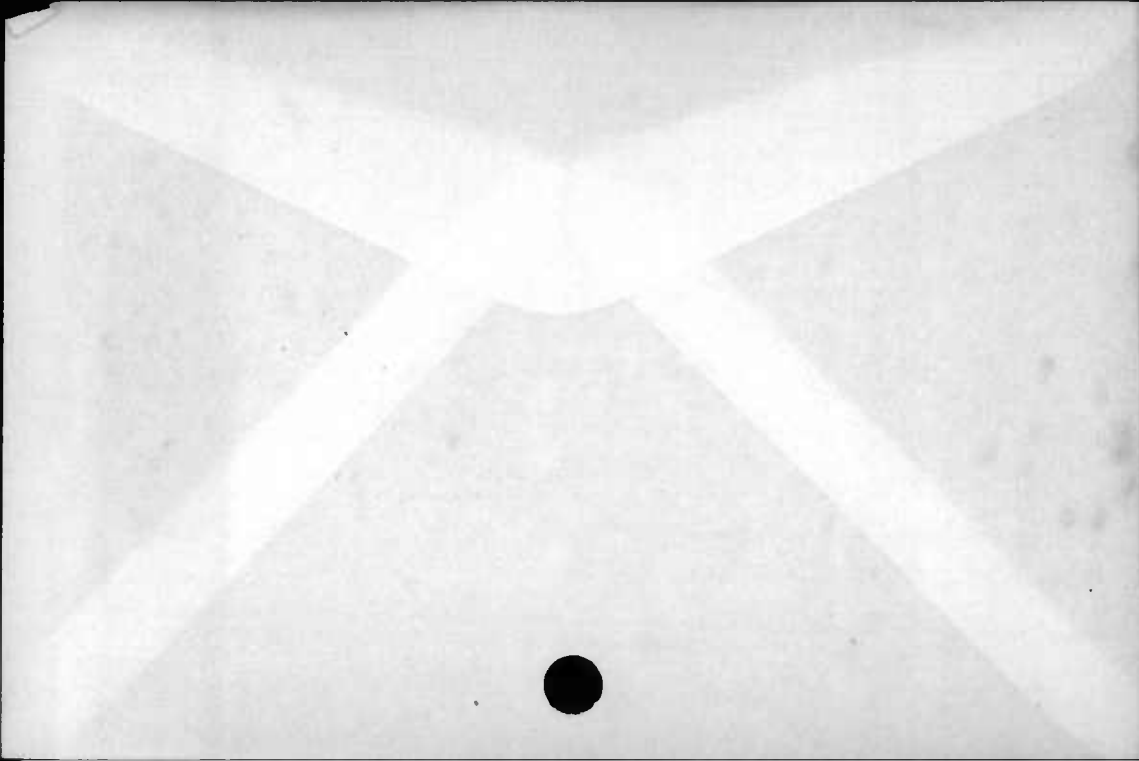
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hills Point		County Borchers		State MARYLAND	
Date of death 1907	Month July	Day 17	Age 0	Months 1	Days 0
Sex male	Color or Race negro		Birthplace Hills Point Md		
Occupation none			Where Residing if not at place of death		
Married, Single or Widowed single	Name of Wife or Husband none				
Father's Name James Hansen	Father's Birthplace Md				
Mother's Maiden Name Carrie Hamilton	Mother's Birthplace Hills Pt. Md				
Name of person giving information Fred Camper			How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enterocolitis	How long 4 weeks
Immediate menstrual	How long 1 week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. A. Stokes.
	Address R. 765 Cambridge
Accident or Suicide?	md



Name
in
Full

Anna Maria Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Church Creek* Town *Dorchester* County **MARYLAND**

Date of death *1907* Month *July* Day *19th* Age *unknown* about *70 yrs* Years Months Days

Sex *Female* Color or Race *Col.* Birth-place *Dor. Co. Md.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Charles Holland*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *Susan Holland* Mother's Birthplace *Dor. Co. Md.*

Name of person giving Information How related to deceased

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Mitral insufficiency

Immediate

Are the name, age, sex, color, date and place correctly given above?

Probably

Signature of Physician

Address

R. L. Smith, M.D.
Church Creek, Md.

Accident or Suicide



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cambridge</i> Town		County <i>Dorchester</i>	
		Date of death <i>1907</i> Month <i>July</i> Day <i>5</i> Age <i>17</i> Years		Months <i>10</i> Days	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	
		Occupation <i>Lady</i>	Where Residing if not at place of death <i>Cambridge</i>		
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
		Father's Name <i>Sydney E. Halland</i>	Father's Birthplace <i>MD</i>		
		Mother's Maiden Name <i>Estella M. Robinson</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Estella M. Halland</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Tuberculosis (Lungs)</i>		How long <i>1 1/2 yrs.</i>	
		Immediate <i>Exhaustion</i>		How long <i>3 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Welff</i>	
				Address <i>Cambridge, Md.</i>	
		Accident or Suicide?			

Sept 8-07

Name
in
Full

Elizabeth Hurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

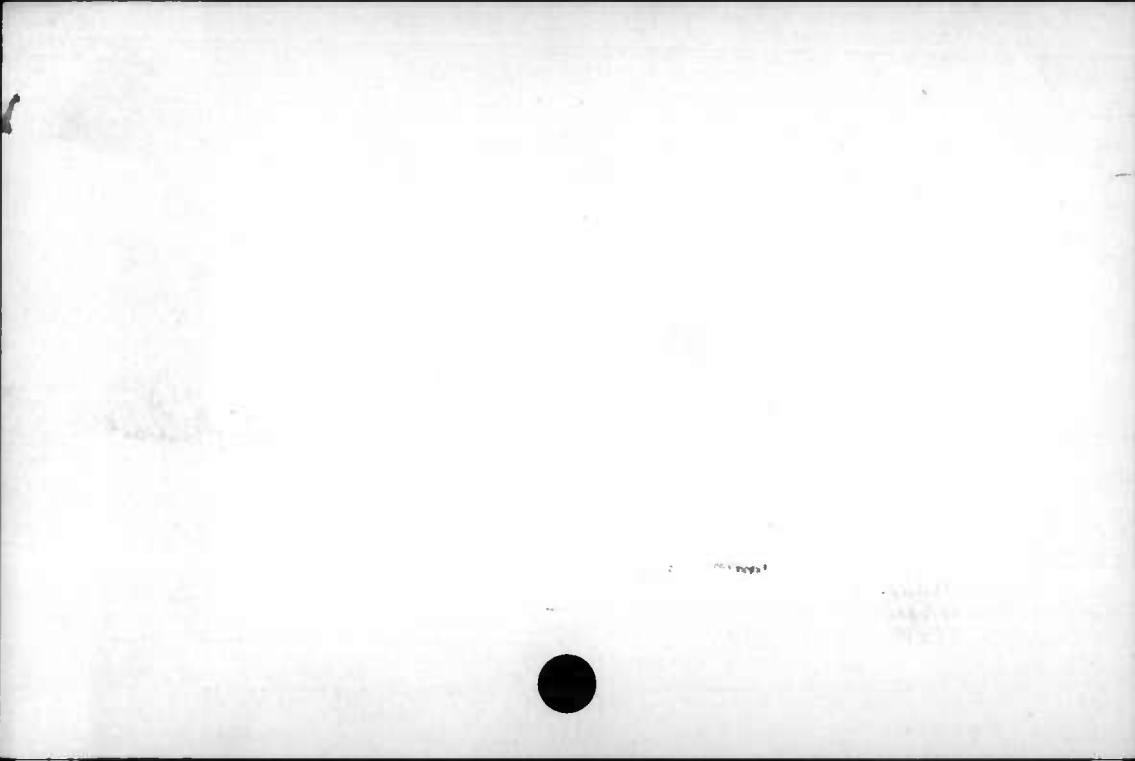
Died at <u>Stuport</u> Town			County <u>Stor</u>			MARYLAND		
Date of death 190 <u>7</u>	Month <u>7</u>	Day <u>11</u>	Age Years <u>1</u>	Months <u>6</u>	Days <u>-</u>			
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Stuport Md</u>					
Married Single or Widowed <u>Single</u>			Occupation <u>none</u>					
Name of Wife or Husband <u>none</u>								
Father's Name <u>Winfield Hurst</u>						Father's Birthplace <u>Stor Co</u>		
Mother's Maiden Name <u>Sanna Williams</u>						Mother's Birthplace <u>Stor Co</u>		
Name of person giving information <u>Winfield Hurst</u>						How related to deceased <u>father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Chorea Infantum</u>	How long <u>1 week</u>
Immediate <u>Chorea Infantum</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Y. Rogers</u>
	Address <u>Stuport Md</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Sarah Ann Insley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

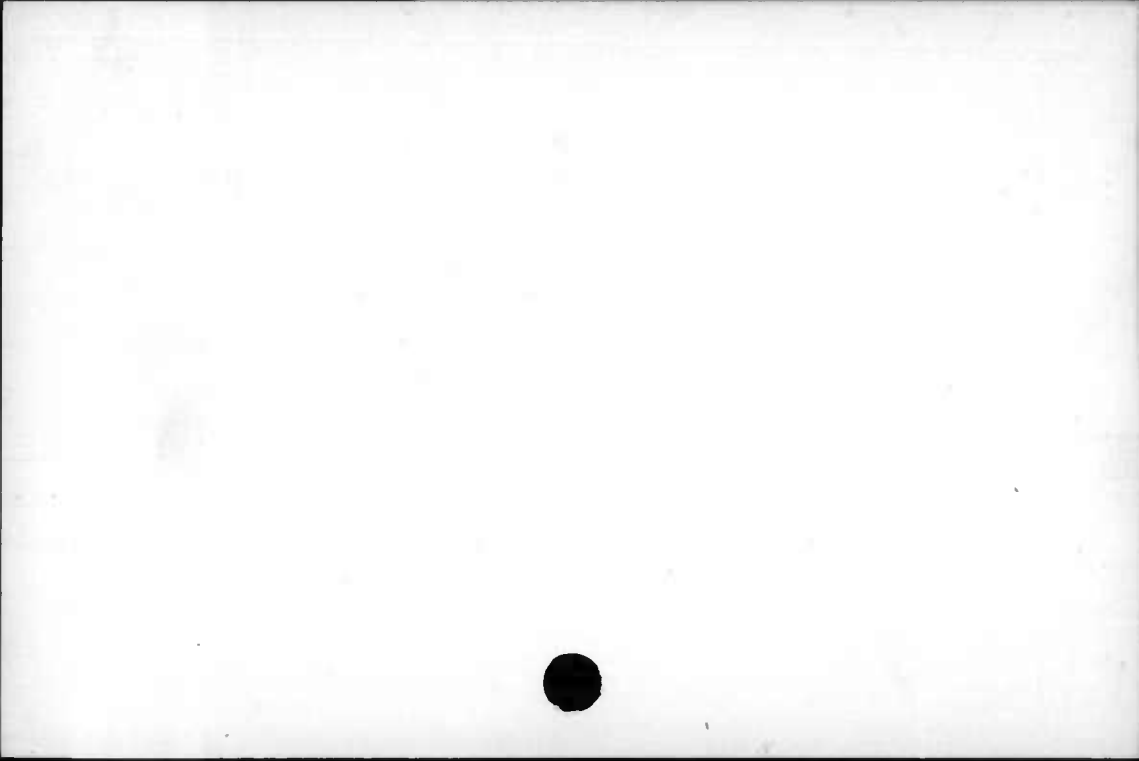
Died at <u>Robins</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>68</u> <small>Months</small>	<u>Unknown</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Jarner Insley</u>				
Father's Name <u>Wm. Wooten</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Jane Barnes</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>John H. Insley</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

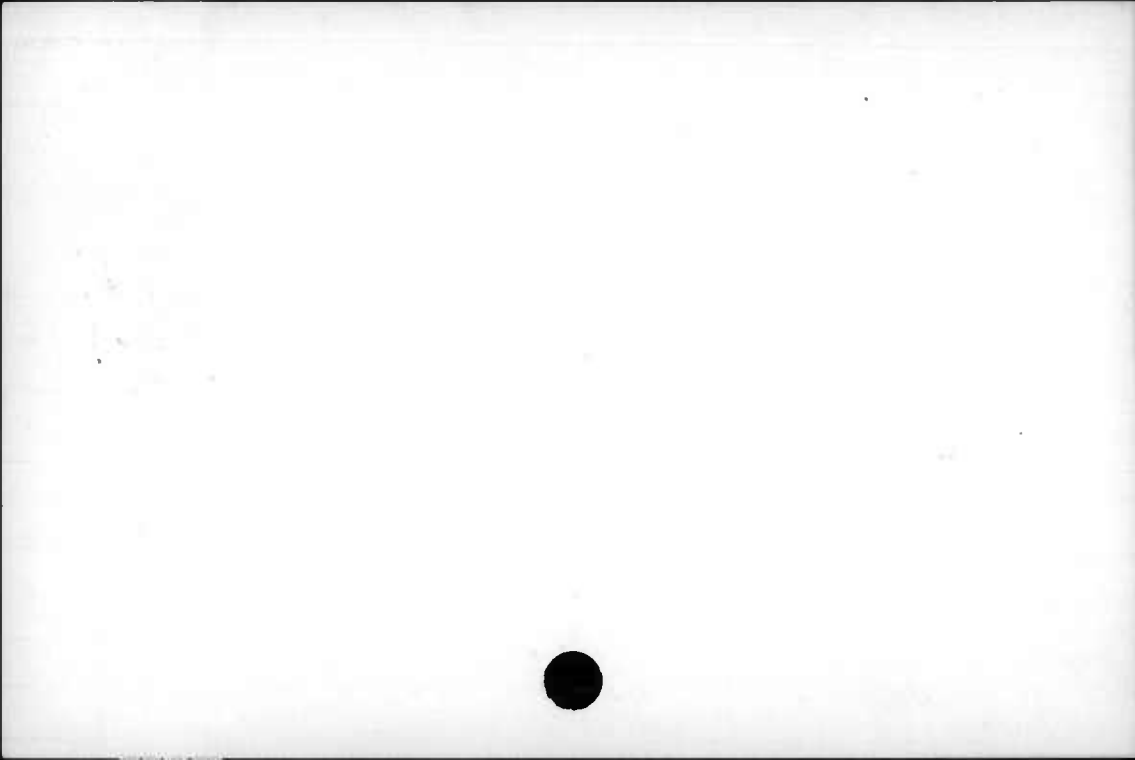
106

PHYSICIAN
OR CORONER

Primary <u>Chronic Diabetes</u>	How long <u>2 years</u>
Immediate <u>Unknown</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. A. Jones Sub. Reg.</u>
	Address <u>Longs. Ind</u>
Accident or Suicide?	



Name in Full		Susie Johns				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chateau ^{Town}		Inchoreen ^{County}		MARYLAND	
	Date of death	1907	7	Month	13	Day	Age
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Samuel Johns		Father's Birthplace		Or. Co. Md.	
	Mother's Maiden Name	Jane Young		Mother's Birthplace		Or. Co. Md.	
Name of person giving information	Jane Johns		How related to deceased		Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Morassmus		(151)		How long	all of life
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Guy H. H. H. H.	
	Address					Cambridge, Md.	
Accident or Suicide?		Child dead when I reached house.					



Name
in
Full

Harriett Junnifer

CERTIFICATE OF DEATH

Died at Annapolis

Town

Orchester

County

MARYLAND

Date of death 1907 July

Month

Day 13

Age 75

Years

Months

Days

Sex Female

Color or
Race

colored

Birth-
place

Dr. Col. Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Gabriel Junnifer

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
In formation

J. B. Windsor

How related
to deceased

Not at all

CAUSES OF DEATH

42

Primary

Carcinoma of Uterus

How long

Not known

Immediate

General exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

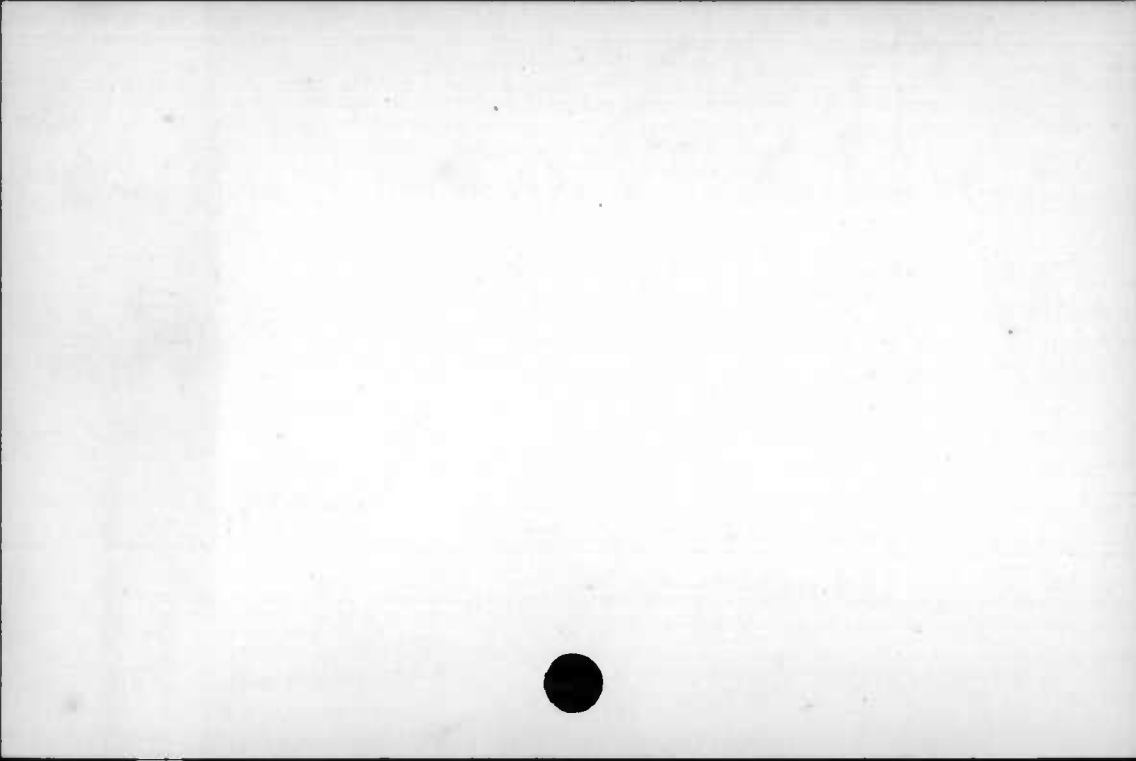
Signature of
Physician

Address

Guy Hunt M.D.
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Helen Jolly -

CERTIFICATE OF DEATH

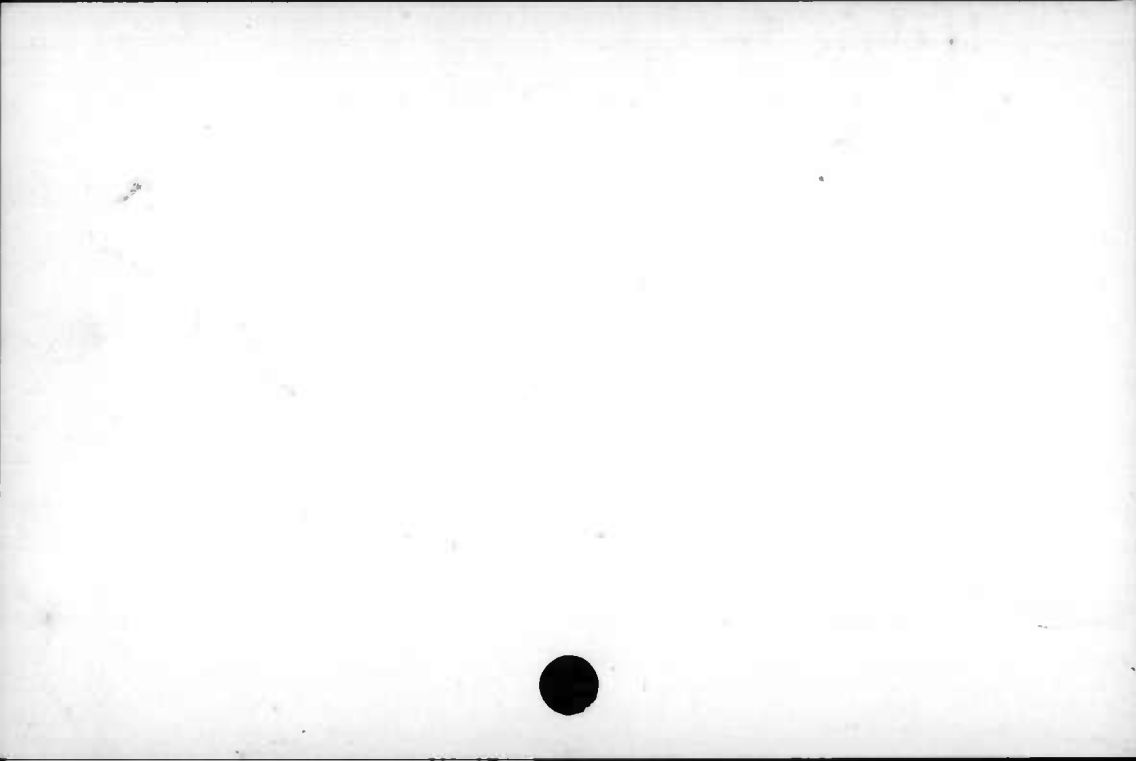
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reeds Brook</u> ^{Town}		<u>Sorchester</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	6th
Age	15	Years	mo	Months	
Sex	Female	Color or Race	Colored	Birth-place	Memphis
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant		
Father's Name	Nicholas Jolly -	Father's Birthplace	Mo.		
Mother's Maiden Name	Melie Jones	Mother's Birthplace	Mo.		
Name of person giving information	Mother	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown -	How long	6 mo -
Immediate	Unknown	How long	3 days -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Bland Mo.
No medical attendance.		Address	Memphis Mo.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

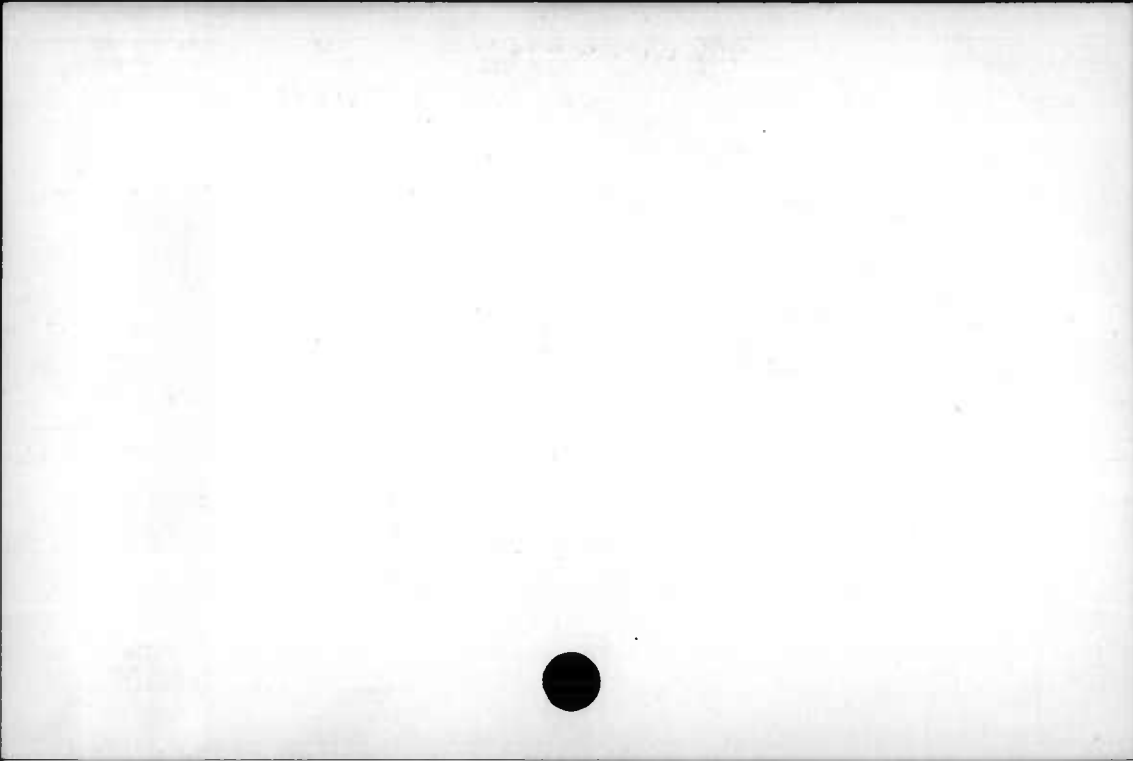
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lillie M. Skimney</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Secretary</i>		Month <i>7</i>		Day <i>2</i>		Age <i>1</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>2</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Skimney</i>				Father's Birthplace <i>Dr CO</i>			
Mother's Maiden Name <i>Mary to Plummer</i>				Mother's Birthplace <i>Tabor</i>			
Name of person giving information <i>Edward Skimney</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>105</i>		How long	
Immediate <i>Cholera Infantum</i>				How long <i>Four days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Nicols M.D.</i>		Address <i>E. New Market</i>	
Accident or Suicide?				<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

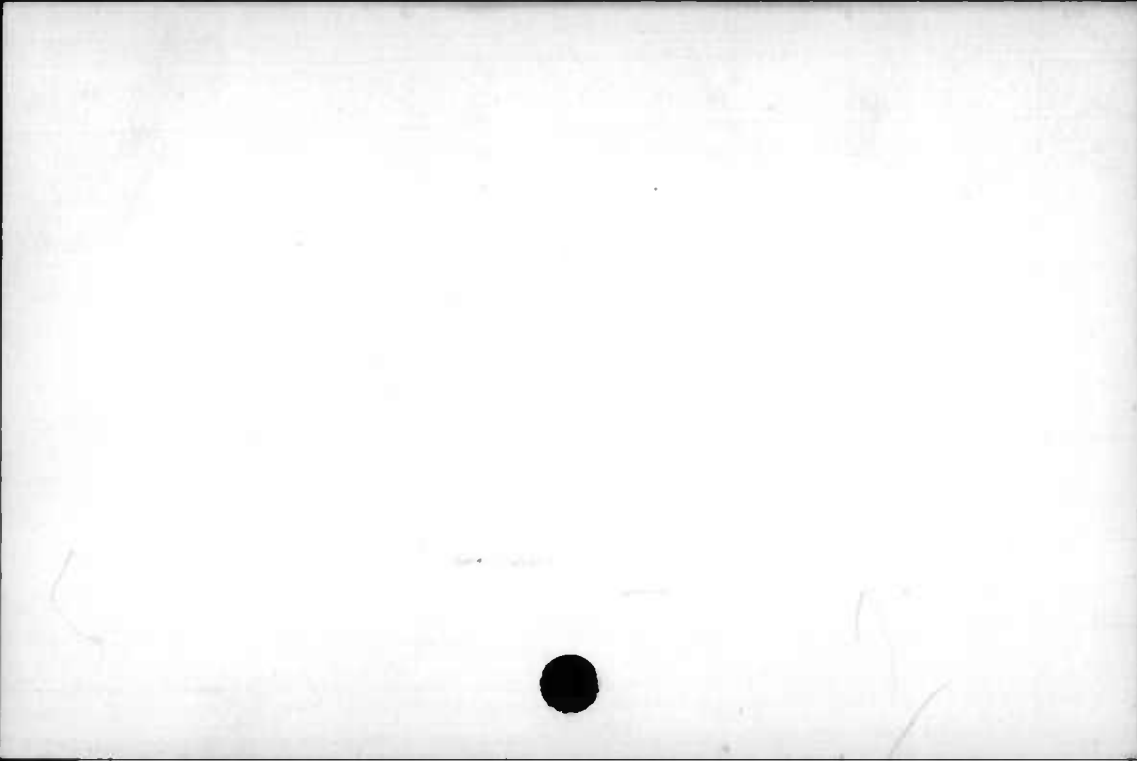
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heurlock</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	July	Day	16 th
Age	38	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Westley Lake		
Father's Name	Robert Rideout	Father's Birthplace	Md		
Mother's Maiden Name	Mary Nichols	Mother's Birthplace	Md		
Name of person giving information	John Westley Lake		How related to deceased		Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

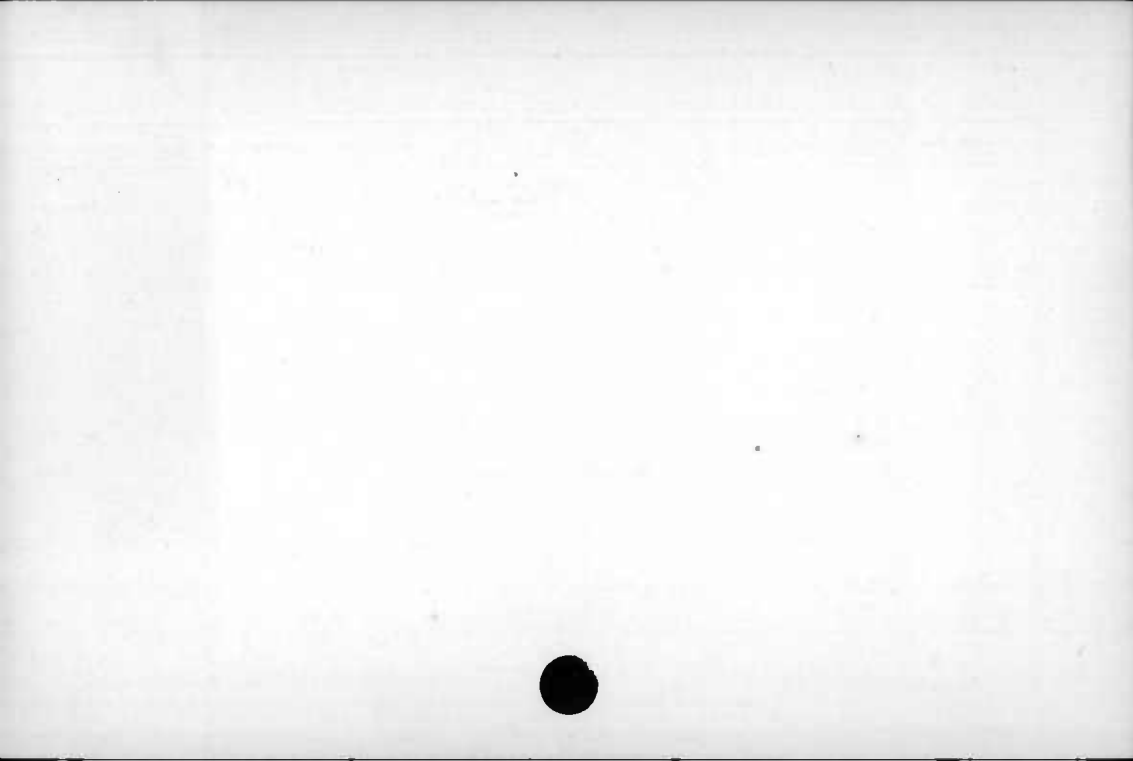
Primary	<i>Cerebral</i>	How long	12 days
Immediate	<i>Hemorrhage</i>	How long	12 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>J. H. Maguire</i>
		Address	<i>Heurlock</i>
Accident or Suicide?			



Name in Full *Hellen B. Langford* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salem</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
	Date of death <i>1907</i>	Month <i>July</i>	Day <i>17</i>	Age <i>5</i> <small>Years</small>	Months <i>Don't know</i>	Days <i>Don't know</i>
	Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore, Md.</i>	
	Occupation <i>infant</i>			Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Pete Langford</i>			Father's Birthplace <i>Don't know</i>		
	Mother's Maiden Name <i>Murphy</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>R. J. Price</i>				How related to deceased <i>not at all</i>		

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Dysentery</i>	(14)
	Immediate <i>Prostration</i>	How long <i>ten days</i>
	Are the name, age, sex, color, date and place correctly given above?	How long <i>24 hours</i>
	Signature of Physician <i>R. J. Price</i>	Address <i>Baltimore, Md.</i>
Accident or Suicide? <i>neither</i>		



Name in Full		Mary A. Langford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salem		Donchester		MARYLAND		
	Date of death	1907	Month	July	Day	6	Year	One
	Sex	Female		Color or Race	white		Birthplace	Don't know
	Occupation	infant		Where Residing if not at place of death		Salem		
	Married, Single or Widowed	infant		Name of Wife or Husband		infant		
	Father's Name	Pete Langford				Father's Birthplace	Don't know	
	Mother's Maiden Name	- Murphy				Mother's Birthplace	Don't know	
	Name of person giving information	R. J. Price				How related to deceased	not at all	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>								
PHYSICIAN OR CORONER	Primary	Intestinal inflammation				How long		Ten days
	Immediate	Obstruction				How long		48 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. J. Price	
					Address		Vienna, Md.	
Accident or Suicide? <i>Neither</i>								



Name
in
Full

Samuel Lehman

CERTIFICATE OF DEATH

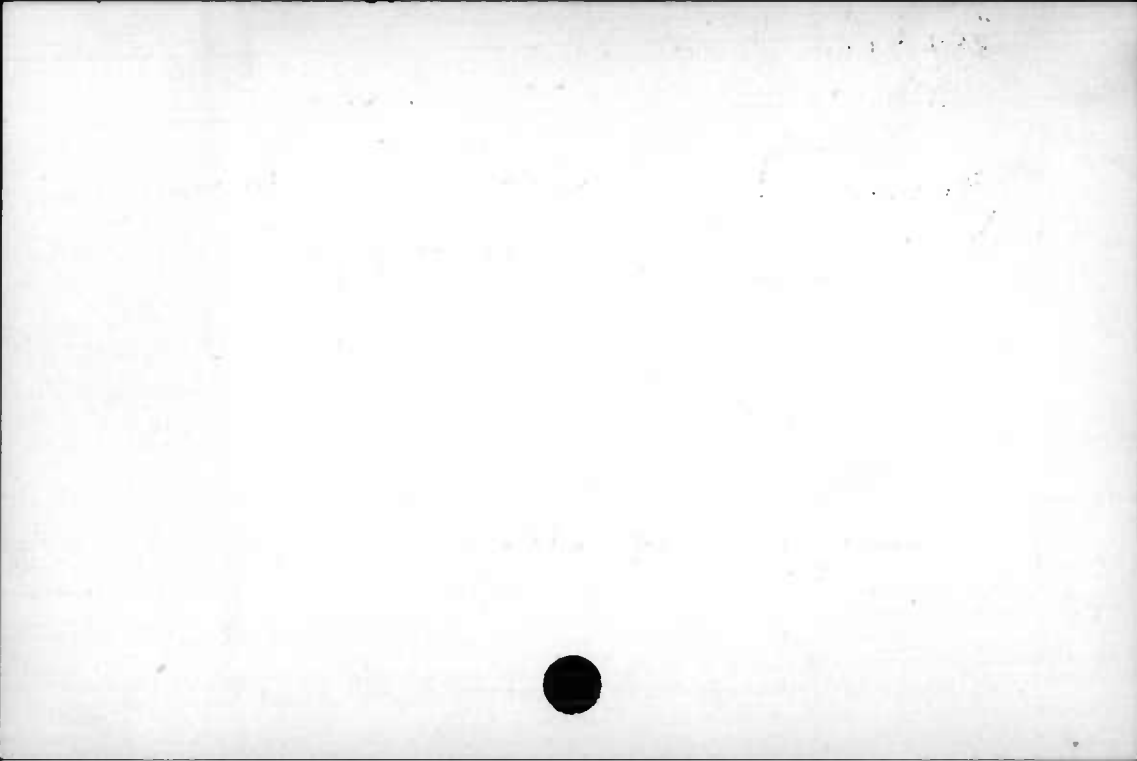
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>9</i>	Age <i>61</i>	Years	Months <i>6</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philada Pa</i>				
Occupation <i>Retired Merchant</i>	Where Residing if not at place of death <i>Cambridge Md.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Esther Lehman nee Cohen</i>						
Father's Name <i>Leopold Lehman</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Esther Cohen</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Milton Lehman</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	<i>130</i>	How long <i>6 months</i>
Immediate <i>Uremia</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter J. Goldsmith</i>	Address <i>Cambridge</i>
Accident or Suicide? <i>.</i>		



Name
in
Full

Pauline Thomas M. Grath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907 July</i>	Day	<i>26</i>	Age	<i>9</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Cambridge</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John G. M. Grath</i>			Father's Birthplace	<i>Dorchester Co</i>
Mother's Maiden Name	<i>Lelia May Hughes</i>			Mother's Birthplace	<i>Dorchester Co</i>
Name of person giving information	<i>John G. M. Grath</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Summer Complaint</i>	How long	<i>about 1 km.</i>
Immediate	<i>Exhaustion</i>	How long	<i>about 1 km.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Woodard</i>	
		Address	
		<i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Catharine E. Mc Mahan

CERTIFICATE OF DEATH

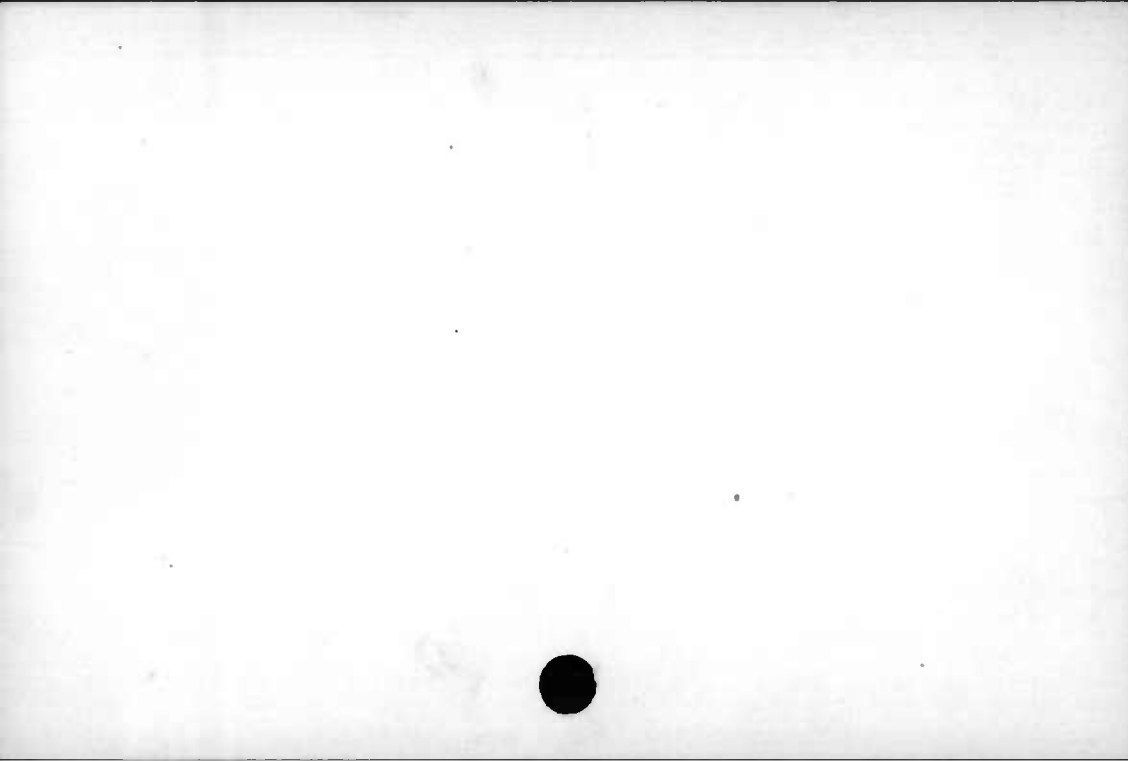
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town			<i>Dorchester</i> County			MARYLAND	
Date of death	1907	Month	July	Day	1	Years	1
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>10 days</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
70		<i>John M. M.</i>	
		Address	
		<i>Cambridge</i>	
Accident or Suicide?			
<i>Willis Brown</i>			



Name
in
Full

Louis R Marshall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *M. Hurdock*

Date

Month

Day

Years

Months

Days

of death 1907

7

16

Age

31

9

6

Sex

*male*Color or
Race*white*Birth-
place*Dor Co*Married, Single
or Widowed*Single*

Occupation

*Laborer*Name of Wife or
Husband*none*Father's
Name*John Marshall*Father's
Birthplace*Dor Co*Mother's
Maiden Name*Lorah Coulbourn*Mother's
Birthplace*Dor Co*Name of person giving
information*Ernest Marshall*Relationship
to deceased*brother*

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Immediate

the same

How long

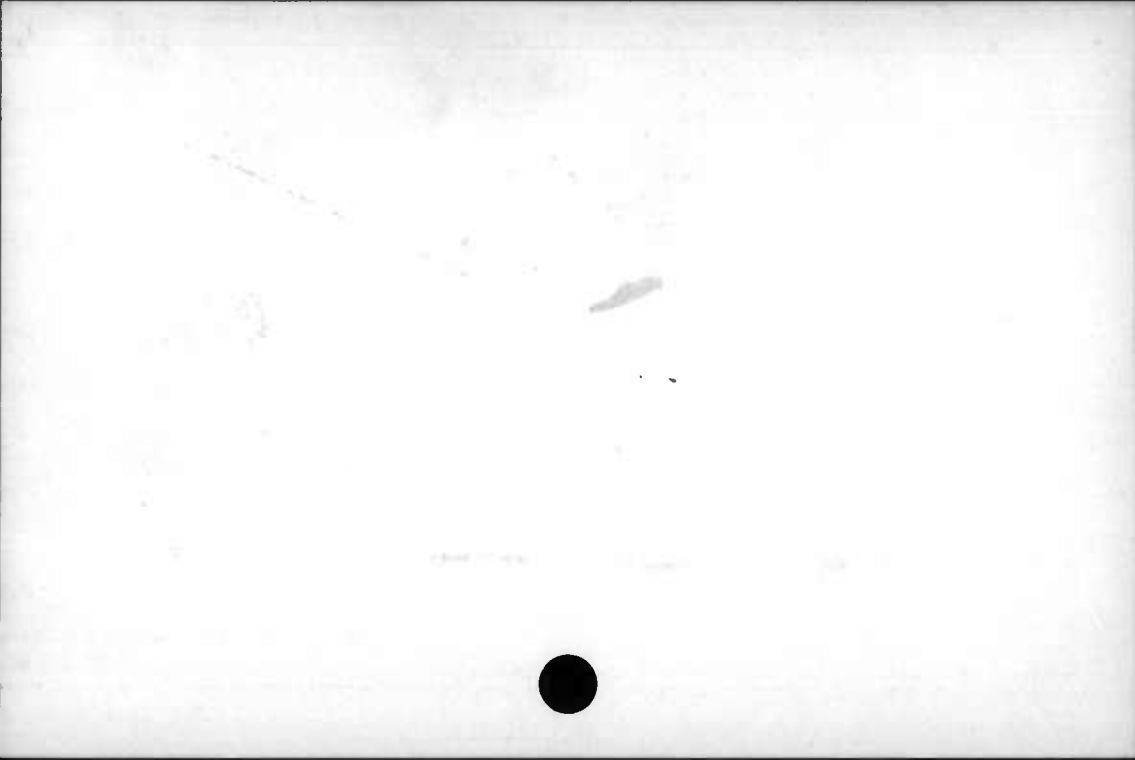
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*George Myers**Hurdock Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marion H. Marshall

CERTIFICATE OF DEATH

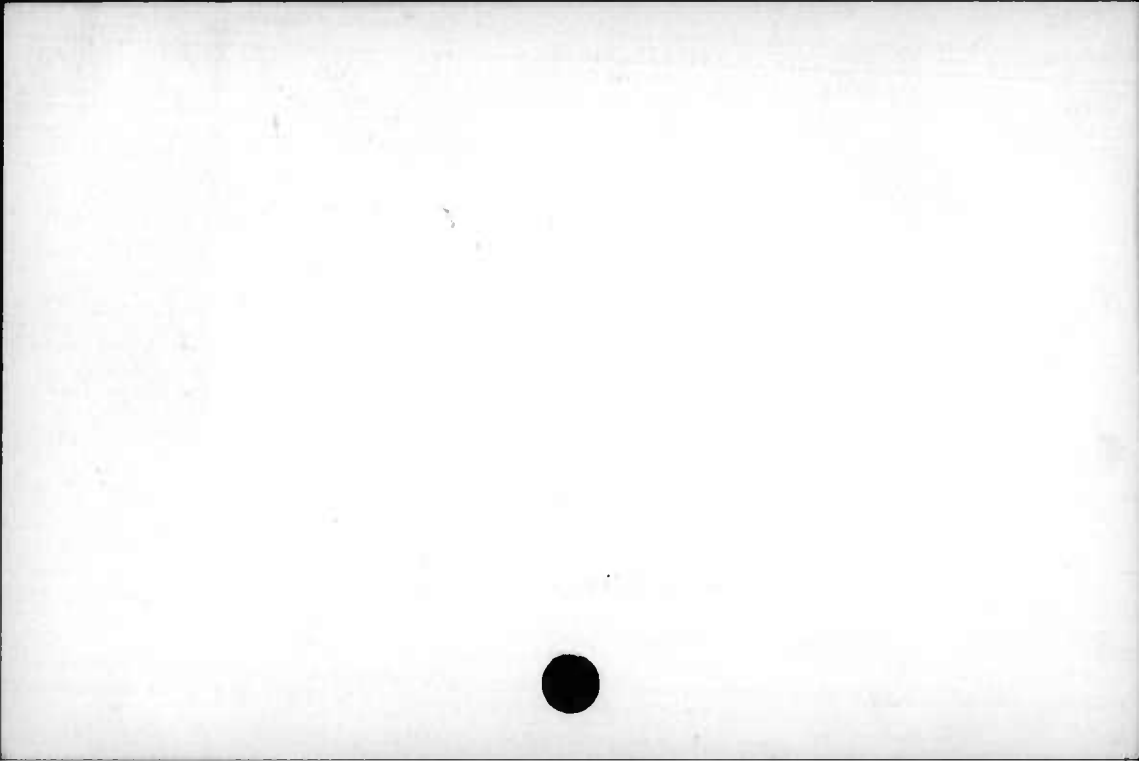
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Dorchester		Bo		MARYLAND	
Date of death		1907	July	23-	Age	11	Months	14	Days
Sex		male		Color or Race		White		Birth-place	
Occupation		Baby		Where Residing if not at place of death		Cambridge			
Married, Single		Single		Name of Wife or Husband					
Father's Name		Marion Marshall				Father's Birthplace		Cambridge	
Mother's Maiden Name		Miss Webb				Mother's Birthplace		Cambridge	
Name of person giving information		Marion Marshall				How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	2 weeks
Immediate	meningitis	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Mace	
		Address	
		Cambridge	
Accident or Suicide?			



Name

in
Full

No name

Mathews

CERTIFICATE OF DEATH

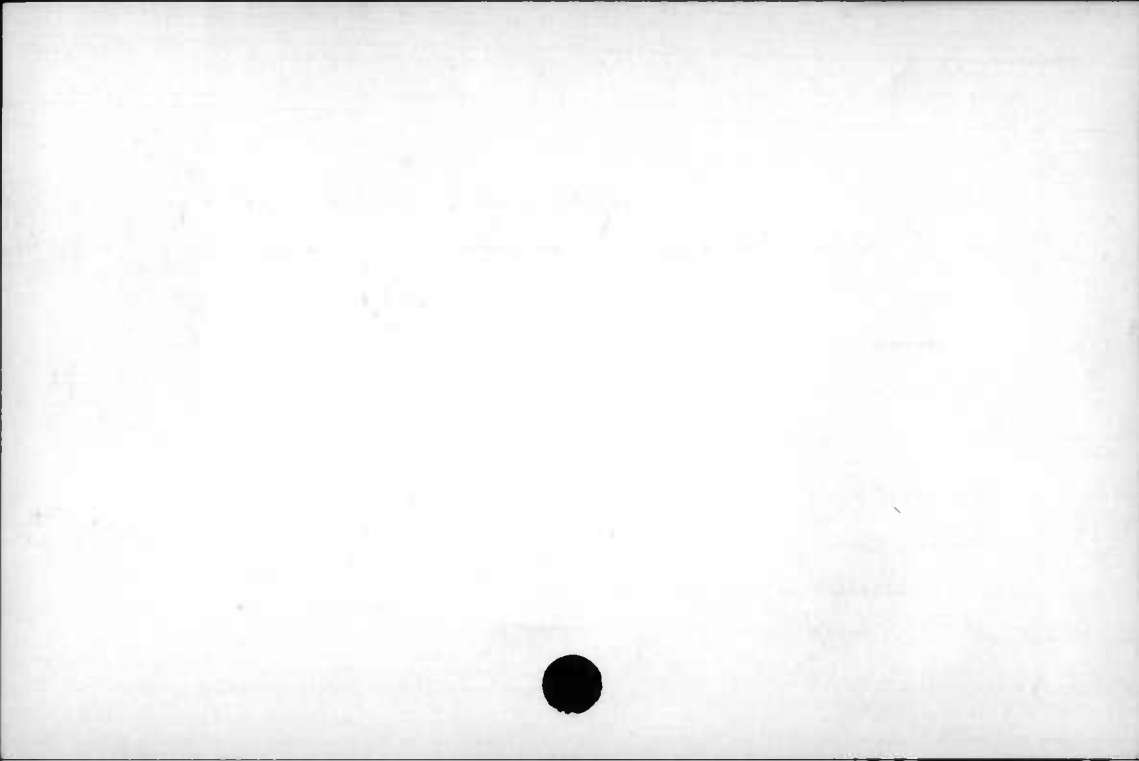
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town,		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wesley D. Matthews</i>		(176)		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Edna. Wilson</i>				Mother's Birthplace <i>md</i>	
Name of person giving information <i>Wesley D. Matthews</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eclampsia</i>	(176)	How long <i>Very short.</i>
Immediate <i>Accouchment Forc</i>		How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Wolf</i>	
	Address <i>Cambridge, Md.</i>	
Accident or Suicide?		



Name
in
Full

Robt Opher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

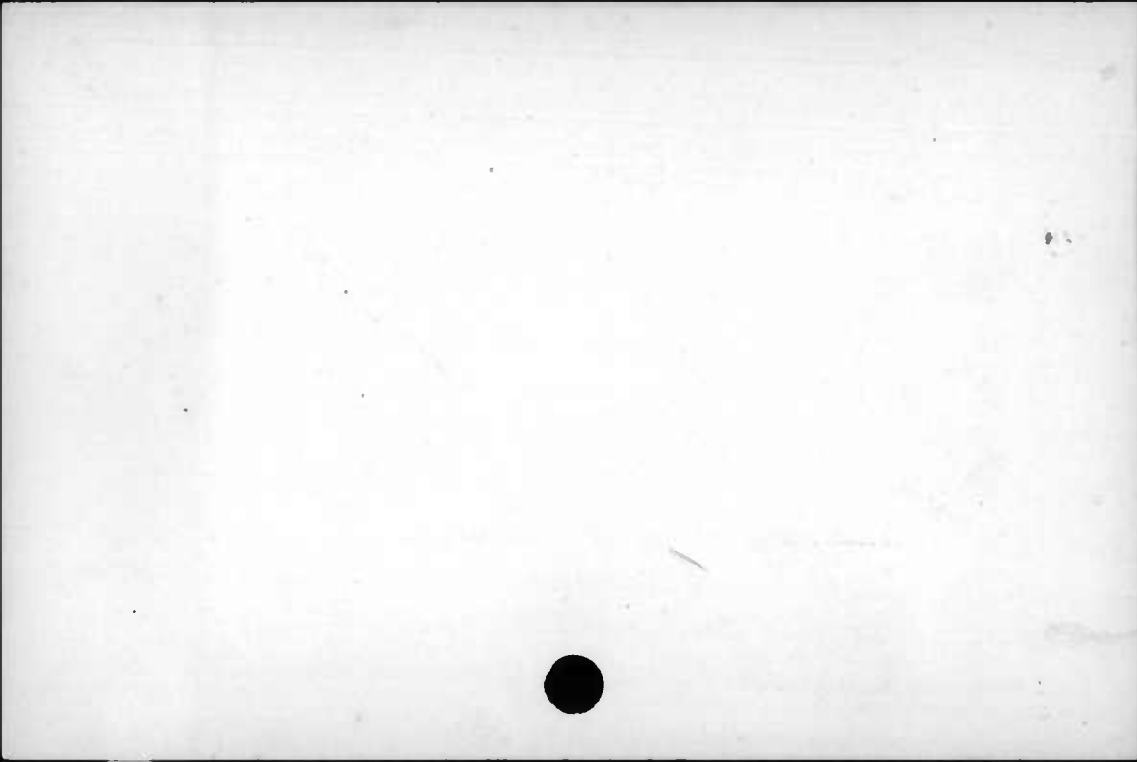
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month July	Day 29 th	Age 79	Years 79	Months 1	Days 15
Sex	Male	Color or Race	Colored		Birth-place	Dor. Co.	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widower			Name of Wife or Husband			
Father's Name	Audica Opher				Father's Birthplace	Dor. Co.	
Mother's Maiden Name	Dont Know				Mother's Birthplace	Dont Know	
Name of person giving information	Isaiah Opher				How related to deceased	Son	

CAUSES OF DEATH

(169)

PHYSICIAN
OR CORONER

Primary	General Debility & Insulation		How long	Several weeks
Immediate	Anemia & Cardiac Failure		How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Walter P. Reynolds MD
			Address	Cambridge, Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

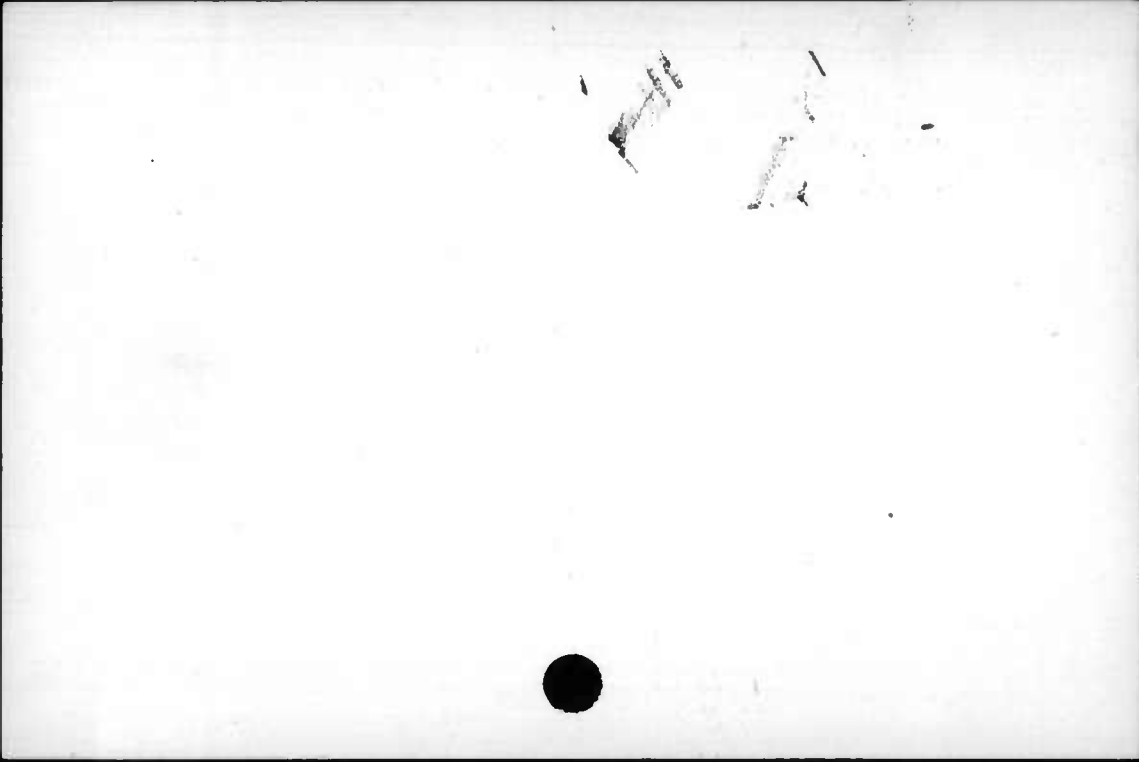
Name in Full Margaret Pritchett		Town Bethesda		County District		State MARYLAND	
Died at Bethesda		Date of death 1907 July 31		Age 63		Months 4	
Sex Female		Color or Race White		Birthplace Ind		Days 19	
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John v. Pritchett (decd)					
Father's Name Thomas Lewis		Father's Birthplace Ind					
Mother's Maiden Name Elizabeth Dean		Mother's Birthplace Ind					
Name of person giving information Hermie E. Hearn		How related to deceased Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart Lesion	How long	10 years
Immediate	Heart failure	How long	Five minutes
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. A. Jones	
		Address 6000 Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>2 Nights</i> Town		<i>Branchville Co</i> County		MARYLAND	
Date of death <i>1907 July</i>	Month	Day <i>22</i>	Age <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Box Co Ind</i>		
Occupation <i>Farmer</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or <i>1 Lydia J Richardson</i> <i>2 Millie Richardson</i>				
Father's Name <i>Jos Richardson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Affie — not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>H M Richardson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>6 years</i>	<i>14</i>	How long <i>10 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>SA Stokes M D</i>	
	Address <i>R 7 B 5 Cambridge</i>	
Accident or Suicide?		



Name
in
Full

No Name

Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1907	Month July	Day 29	Age —	Years —	Months —
Sex Female		Color or Race White		Birth- place Maryland			
Occupation None				Where Residing if not at place of death Cambridge, Md.			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Willis R. Richardson				Father's Birthplace Maryland			
Mother's Maiden Name Jennie Harrison				Mother's Birthplace "			
Name of person In formation Willis R. Richardson				How related to deceased Father			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	Asphyxia (Throated Force) (Eclampsia)	How long 20 minutes
Immediate	Asphyxia	How long very short
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E E Wolf
		Address Cambridge, Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hoopersville* TownCounty *Dor*

MARYLAND

Date of death *1907* Month *July* Day *29* Age *72* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Hoopersville*

Occupation

*House Keeper*Where Residing if not
at place of death*Hoopersville*Married, Single
or Widowed*Married*Name of Wife or
Husband*Henry H. Havers*Father's
Name*Henry Knapp*Father's
Birthplace*Hoopersville*Mother's
Maiden Name*Elizabeth*Mother's
Birthplace*Hoopersville*Name of person giving
In formation*Henry Havers*How related
to deceased*Son*

CAUSES OF DEATH

(179)

Primary

Hart failure

How long

2 months

Immediate

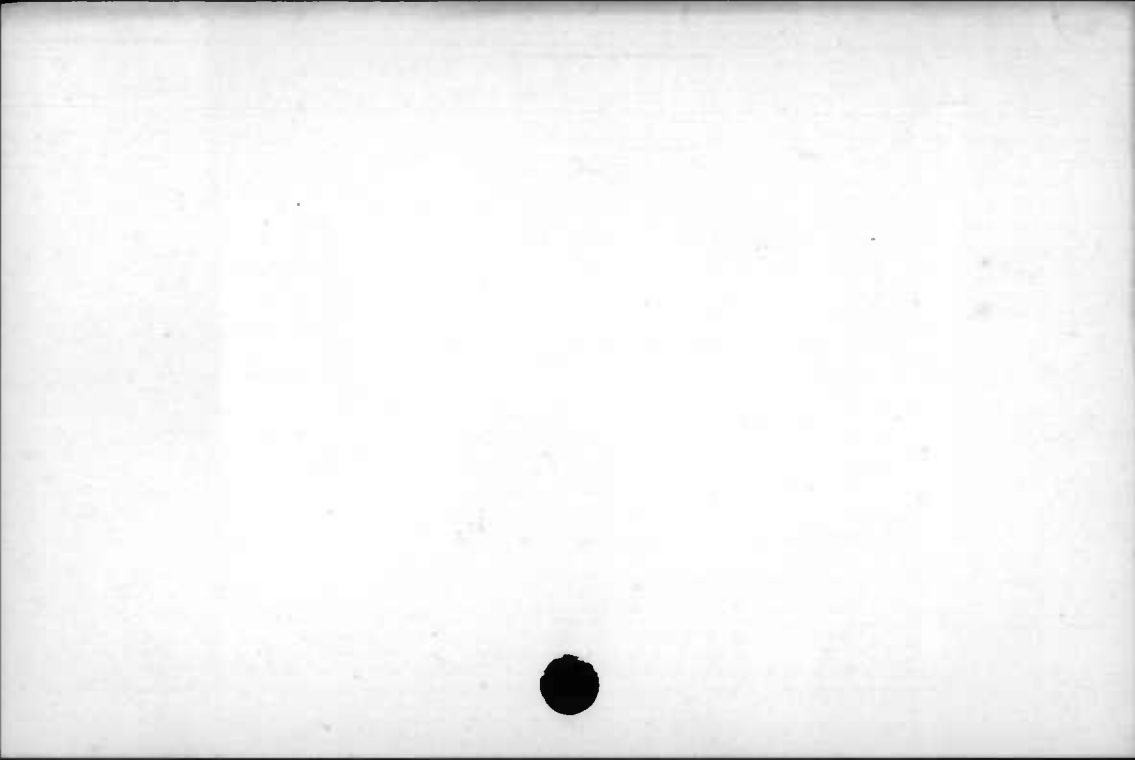
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. L. Larence Ashton*

Address

Hoopersville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

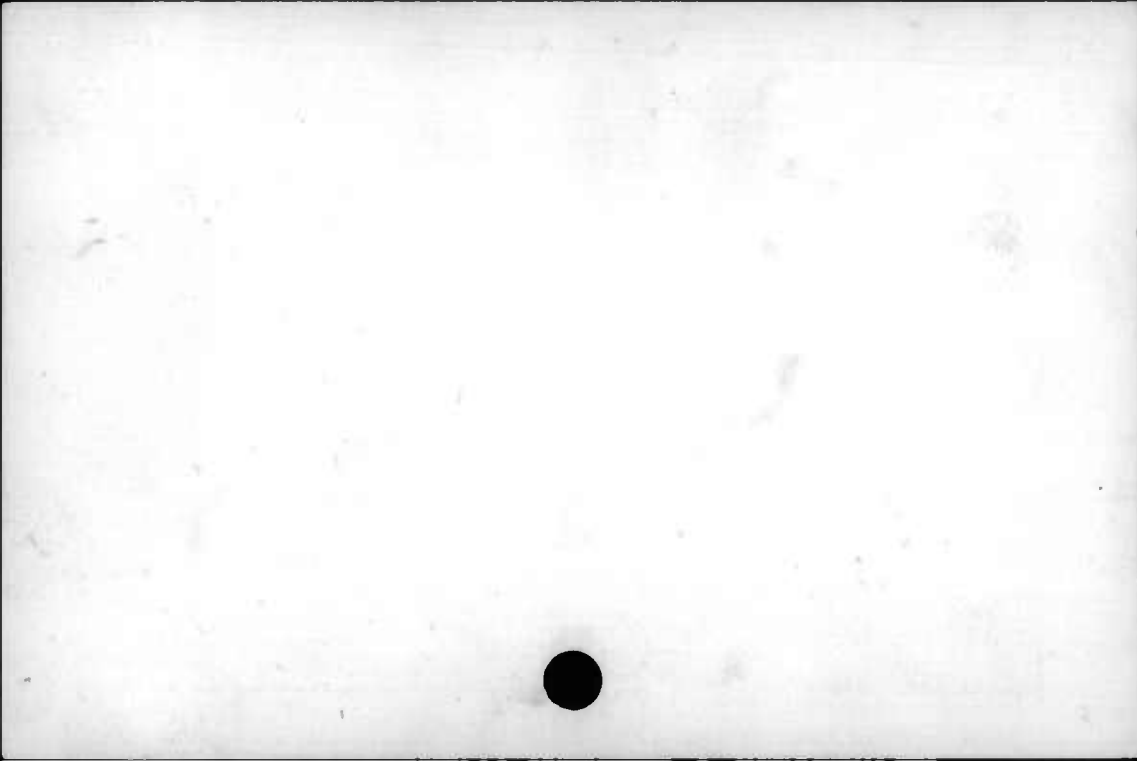
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Florance J Sampson</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>11</i>		Years <i>10</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>11</i>		Years <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Dorchester</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Raymond Sampson</i>				Father's Birthplace <i>Dor CO</i>			
Mother's Maiden Name <i>Lula Wilson</i>				Mother's Birthplace <i>Caroline</i>			
Name of person giving information <i>Raymond Sampson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>(27)</i>
Immediate <i>Enteritis</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols M.D.</i>
	Address <i>E. New Market, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Thomas J. Second

TO BE ANSWERED BY
NEAREST FRIEND

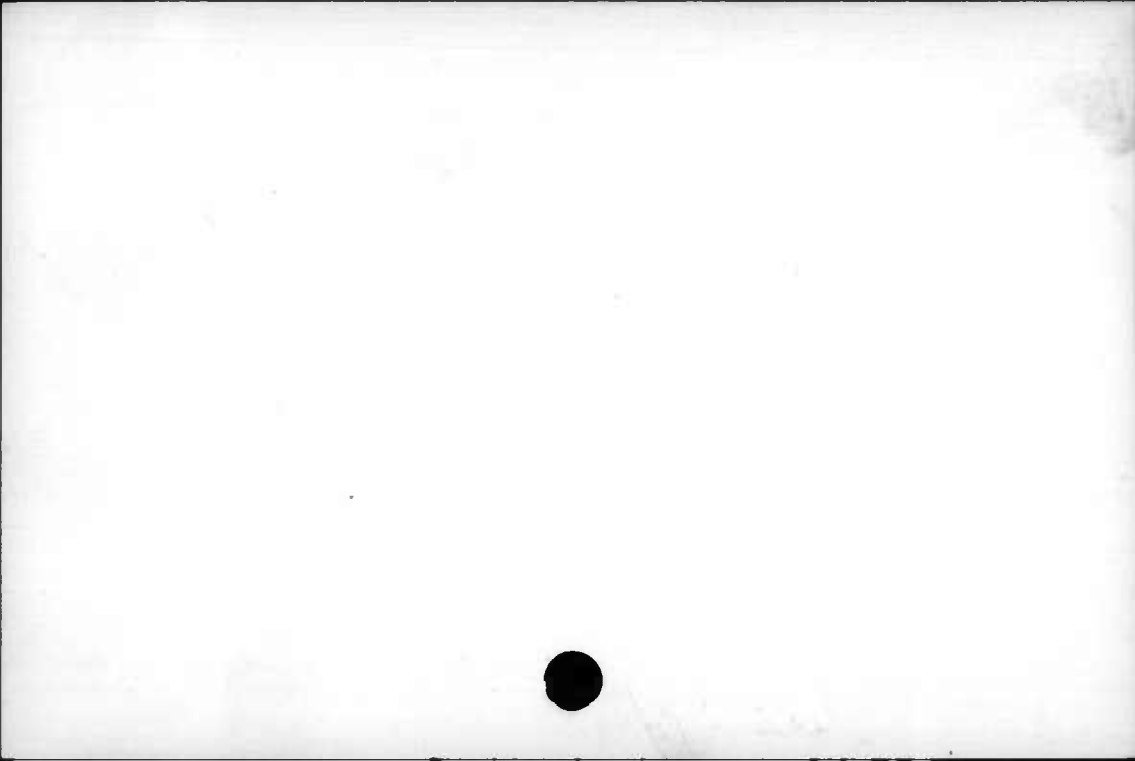
Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small>		<u>17</u> <small>Day</small>	Age <u>69</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>W. Co. Md.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Sarah J. Bennett</u>			
Father's Name <u>John Second</u>		Father's Birthplace <u>W. Co. Md.</u>			
Mother's Maiden Name <u>Mary A. Whattery</u>		Mother's Birthplace <u>W. Co. Md.</u>			
Name of person giving information <u>Thomas J. Second</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Fatty degeneration of heart</u>	How long <u>some years</u>
Immediate <u>acute heart failure</u>	How long <u>half hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry Stahl</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full		TOWN				COUNTY		STATE	
LARRY SMITH		LEADING		HARVARD		MARYLAND			
Died at		Date of death		Age		Months		Days	
1907		July 1		2		2			
Sex		Color or Race		Birth-place					
male		white		Cambridge					
Occupation		Where Residing if not at place of death							
clerk		Cambridge							
Married, Single or Widowed		Name of Wife or Husband							
		Richard L. Smith							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace			
Mary Clarke				Md		Md			
Name of person giving information		How related to deceased							
Frank Clarke		Grandfather							
CAUSES OF DETH									
Primary		How long							
Cholera Infantum		1 week							
Immediate		How long							
Heart Failure		Very short							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes		E. E. Wolff M.D.							
		Address							
		Cambridge, Md.							
Accident or Suicide?									
Illness									



Name
in
Full

CERTIFICATE OF DEATH

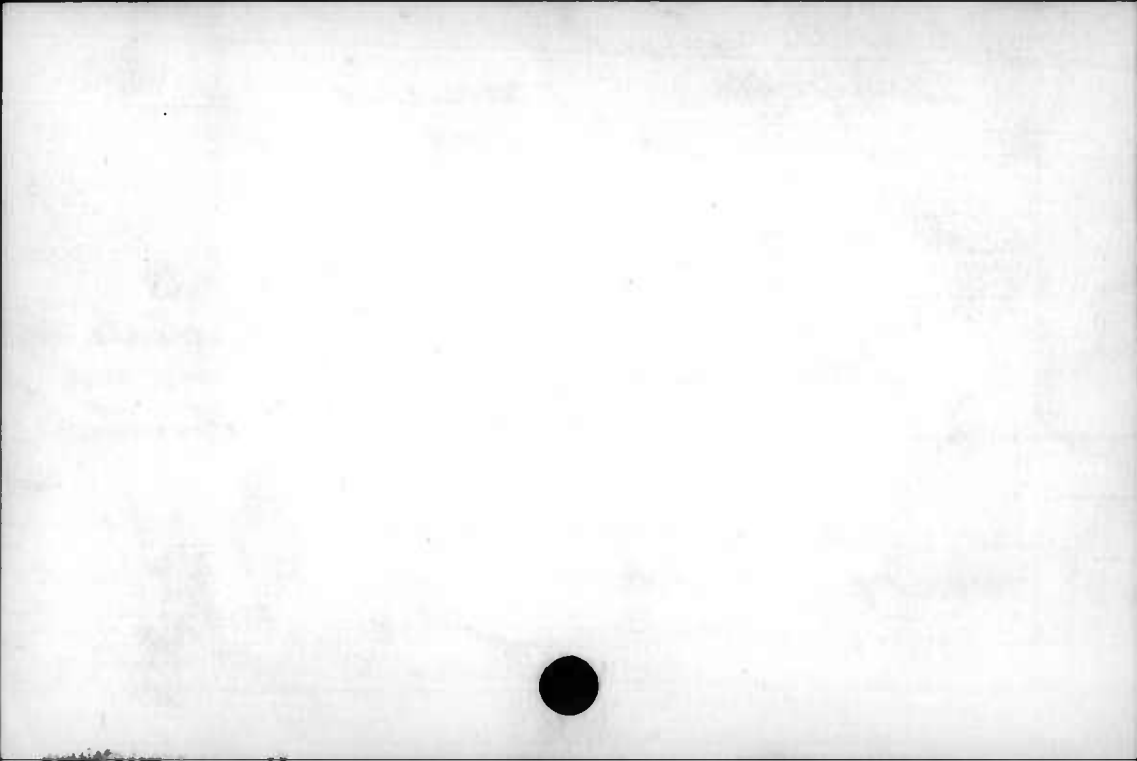
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wm Henry Smith</u>		Town <u>Cambridge</u>		County <u>Horchester</u>		MARYLAND	
Date of death <u>1907</u>		Month <u>July</u>	Day <u>16th</u>	Age <u>44</u>	Months <u>6</u>	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Horchester Co</u>				
Occupation <u>Laborer (General)</u>	Where Residing if not at place of death <u>_____</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>						
Father's Name <u>Henry Smith</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Mary Jane Thompson</u>	Mother's Birthplace <u>Horchester Co</u>						
Name of person giving information <u>George A Smith</u>	How related to deceased <u>Brother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hemiplegia</u>	How long <u>6 months</u>
Immediate <u>Cardiac Failure</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Hexter, J. Reynolds MD</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>_____</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Julia A. Spicer</i>		Town <i>Leakerville</i>		County <i>Dorchester</i>	
Died at <i>Leakerville</i>					
Date of death <i>1907</i>	Month <i>July</i>	Day <i>29th</i>	Age <i>48</i>	Months <i>6</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birthplace <i>Dor. Comd.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>" "</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fortune Spicer</i>				
Father's Name <i>Joseph Stafford</i>	Father's Birthplace <i>Caroline Co. Md.</i>				
Mother's Maiden Name <i>Sarah A. Banks</i>	Mother's Birthplace <i>Dor. Comd.</i>				
Name of person giving information <i>Moses H. Stafford</i>	How related to decedent <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>8 mos.</i>
Immediate <i>Cardiac dropsy</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Lanthier, M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>No</i>	

Clergyman

Date of Funeral

Oct 26, 1906

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Tall

Died at Madison ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 1907 ^{Month} July ^{Day} 27 ^{Years} 58 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Dor. Co.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Luther M. Tall.

Father's Name Wm. R. Tall Father's Birthplace Dor. Co.

Mother's Maiden Name Hester Phillips Mother's Birthplace Dor. Co.

Name of person giving information Myself How related to deceased Friend

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lungs. How long over a year

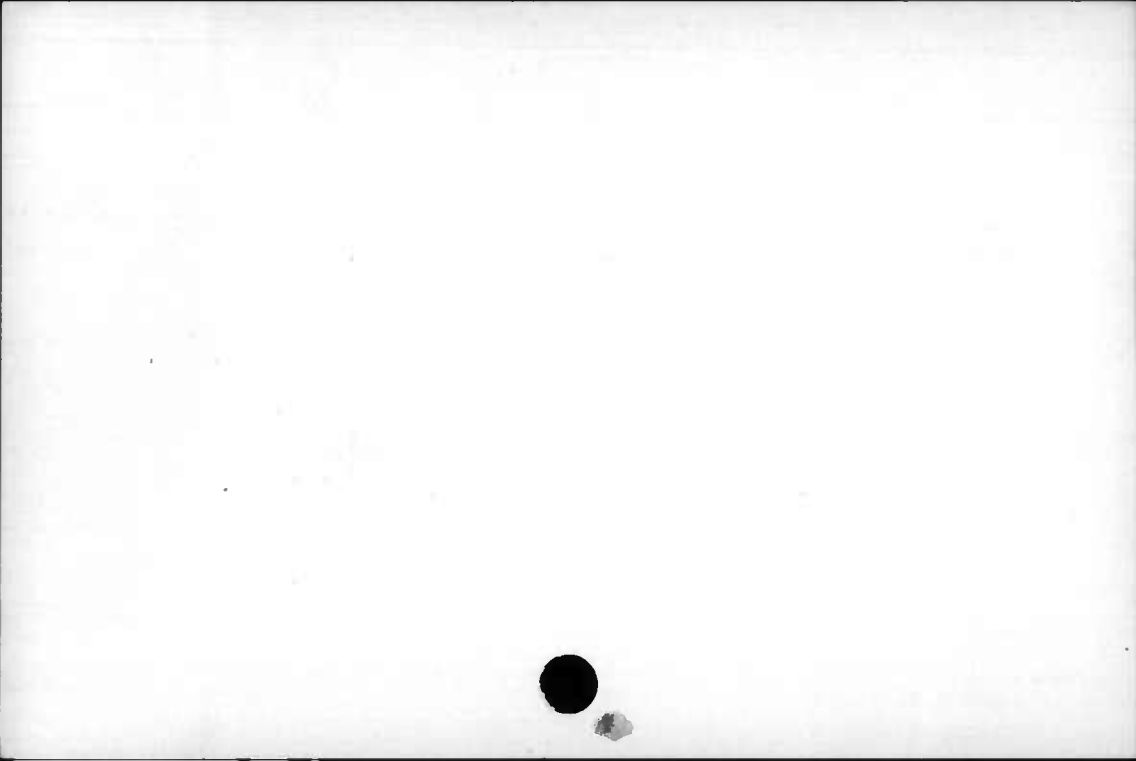
Immediate General Exhaustion How long several weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician B. L. Smith M.D.

Address Madison, Md.

Accident or Suicide?



Name in Full John R Todd		CERTIFICATE OF DEATH	
Died at Secretary Town		County Dorchester	
Date of death 1907		Month 7 Day 12 Age 3 Years 9 Months 9 Days	
Sex Male		Color or Race White	
Occupation Secretary		Birth-place Secretary	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Harry Todd		Father's Birthplace Dor co	
Mother's Maiden Name Lizzie Summers		Mother's Birthplace " "	
Name of person giving information Harry Todd		How related to deceased Father	
CAUSES OF DEATH (179)			
Primary Marasmus		How long 3 mos	
Immediate Convulsions		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Edward R Jones	
		Address East New Market Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Jane Travers

Died at Fishing Creek ^{Town}Dorchester ^{County}

MARYLAND

Date of death 1907 ^{Month} July ^{Day} 27thAge 72 ^{Years}do not know ^{Months} ^{Days}Sex FemaleColor or Race whiteBirth-place Dorchester Co.Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

Henry H. TraversFather's Name Henry RuarkFather's Birthplace Dorchester Co.Mother's Maiden Name Elizabeth SimmonsMother's Birthplace Dorchester Co.Name of person giving information Henry H. TraversHow related to deceased husband

CAUSES OF DEATH

179

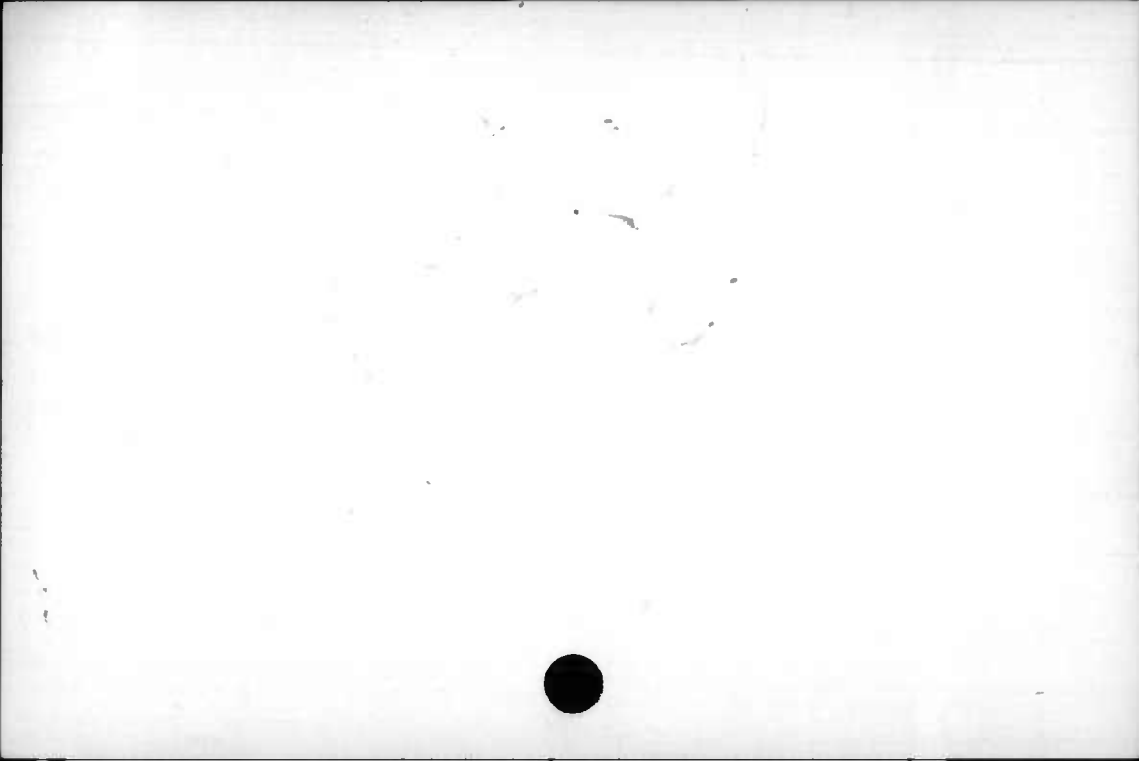
PHYSICIAN
OR CORONERPrimary Aortic regurgitationHow long about a yearImmediate do not knowHow long Death suddenAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. H. Houston M.D.Fishing Creek Md.

Accident or Suicide?



Name
in
Full

T. Earl Vincent

CERTIFICATE OF DEATH

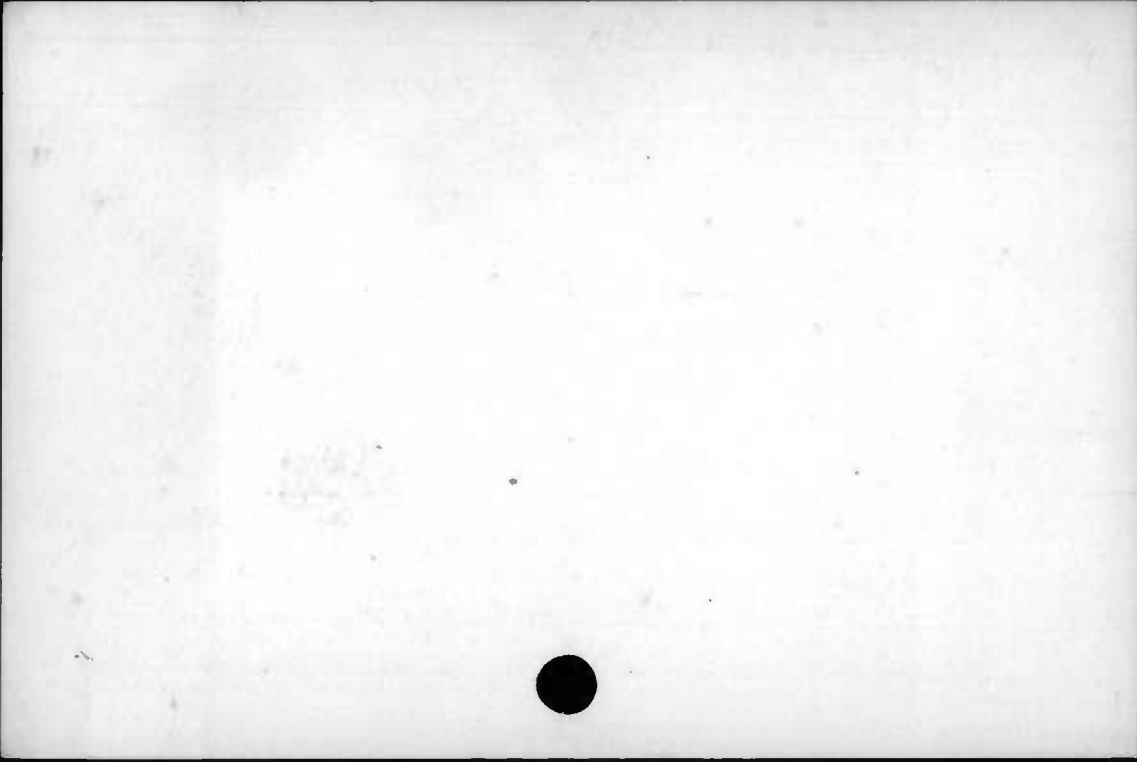
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month 7	Day 28	Age	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	Railroad-man			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robt. Vincent					Father's Birthplace	Ind
Mother's Maiden Name	Laura Vane					Mother's Birthplace	Ind
Name of person giving In formation	Robt. Vincent					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks
Immediate	Heart Failure		How long	3 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Cambridge, Ind.	
Accident or Suicide?				



Name
in
Full

Harry Wolbridge

CERTIFICATE OF DEATH

Died at Cambridge Dorchester County MARYLAND
 Date of death 1907 July 25 19 19
 Sex Male Color or Race White Birth-place Ind.?
 Occupation farmer Where Residing if not at place of death at Hospital

Marked, Single or Widowed Single Name of Wife or Husband Horace Wolbridge
 Father's Name Horace Wolbridge Father's Birth-place Pottsville Pa
 Mother's Maiden Name Kate Mitchell Mother's Birth-place Don't Know
 Name of person giving information Geo K Slacum How related to deceased Not at all

Broken back (dorsal vertebrae) infection following the wiring of the segment 5. General CAUSES OF DEATH

Primary Broken Back How long 8 months

Immediate results from Complications How long 8 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Mace
Cowley, Md

Accident or Suicide?

